Organizations name:			
	MEAL COUNT FORM		
	Child and Adult Care Food Program		
Center Name:		WEEK 1	
Teacher:	Week of:	to	
Room # / AM or PM:			

	Child's Na	ame		Monday B AS L PS S LS							Tue	sday	/			W	edn	esd	ay			1	Thur	sda	y		Ī		Weekly				
	Last	First	В	AS	L	PS	S	LS	В	AS	L	PS	S	LS	В	AS	L	PS	S	LS	В	AS	L	PS	S	LS	В	AS	L	PS	S	LS	Totals
1									!																		-						Breakfas
2									!																								
3									!																								
4									ì																		Ì						
5									i																		<u> </u>						
6									i																							\Box	
7									1																		-					\Box	AM Snac
8									:																								
9									!																		-					\Box	
10									!																							\Box	
11									Ī																							\Box	
12									ì																		<u> </u>					\Box	
13									i																		- I					\vdash	Lunch
14									i																		<u> </u>					\vdash	
15									1																							\Box	
16									!																		-					\Box	
17									! 																							\Box	
18									I																								
19																																	PM Snac
20									i																		I						
21									i																		ĺ						
22									Ī																								
23									:																								
24									1																								
25									!																								
26 27																																	
27									<u>i</u>																								
28									i																								
29									<u>i</u>																		<u> </u>						
30									:																		! !		<u> </u>				
31									<u>!</u>																		! !		<u> </u>				
32						1			<u>!</u>																		<u> </u>		<u> </u>				
33						1			<u>!</u>						<u> </u>												<u> </u>		<u> </u>				
34				<u> </u>		<u> </u>			<u>i</u>											<u> </u>							<u> </u>		<u> </u>			Ш	
35				<u> </u>		<u> </u>			i					<u> </u>	_					<u> </u>							<u>.</u>		Щ			Ш	
36 37				<u> </u>		<u> </u>			<u>i</u>						<u> </u>					<u> </u>							<u> </u>		igspace			igsquare	
37		Daily Total							•																								

Note: Although approval is granted for six (6) meals, be aware that only three (3) meals per child per day may be claimed for reimbursement. Consisting of two (2) main meals and one (1) snack, or two (2) snacks and one (1) main meal



MEAL COUNT FORM Child and Adult Care Food Program

Week of:	/ /	To	/ /

CENTER NAME:	Teacher:	
	Class Room:	

			MON	1				TUE					WED)				THU								
Name of Child	В	AS	L	PS	s	В	AS	L	PS	S	В	AS	L	PS	s	В	AS	L	PS	s	В	AS	L	PS	s	breakfast
1																										
2																										<u> </u>
3																										AM Snack
4																										
5																										<u> </u>
6																										<u> </u>
7																										LUNCH
8																										
9																										<u> </u>
10																										<u> </u>
11																										PM Snack
12																										
13																										<u> </u>
14																										<u> </u>
15																										Supper
16																										
17																										<u> </u>
18																										
19																										TOTAL
20																										
TOTAL																										



Child and Adult Care Food Program MEAL COUNT FORM

Class Descrip																							Cen	ter	Nar	ne:	_											
Class Room:	_																																					
Γeacher:																							Ī	Mon	th			\neg	Week	K			Yea	r			_	
Name of Day Care/ head Start	Enter Dates:																																					
Agreement Number:				M	ond	ay		Tuesday					Wednesday					Thursday					Friday					Saturday						Su	nday	lay		
Name of Child		Age	В	Sn	L	Sn	S	В	Sn	L	Sn	S	В	Sn	L	Sn	s	В	Sn	L	Sn	S	В	Sn	L	Sn	s	В	Sn	L	Sn	S	В	Sn	L S	Sn S	s	
																													L					_	\downarrow	_	_	
																													L					\dashv	\downarrow	\dashv	_	
																													<u> </u>					4	\downarrow	4	_	
																													L					_		4	_	
																																				T	_	
																																			\top		_	
																																				1	_	
																																					_	
																																		7	\top	+	_	
																																		1	\dagger	+	_	
																																			\dagger	+	_	
																						7												\dashv	\dagger	\dagger	_	
																						7								\vdash		+		\dashv	\dagger	\dagger	-	
Weekly Totals:													1															, !	ĺ	'	i							