

Organizations name: _____

MEAL COUNT FORM
Child and Adult Care Food Program

Center Name: _____

Teacher: _____

Room # / AM or PM: _____

WEEK 1

Week of: _____ to _____

	Child's Name		Monday						Tuesday						Wednesday						Thursday						Friday						Weekly Totals					
	Last	First	B	AS	L	PS	S	LS	B	AS	L	PS	S	LS	B	AS	L	PS	S	LS	B	AS	L	PS	S	LS	B	AS	L	PS	S	LS						
1																																Breakfast						
2																																						
3																																						
4																																						
5																																						
6																																						
7																																AM Snack						
8																																						
9																																						
10																																						
11																																						
12																																						
13																																Lunch						
14																																						
15																																						
16																																						
17																																						
18																																						
19																																PM Snack						
20																																						
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35																																						
36																																						
37																																						
Daily Totals																																						

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

