

NUTRITION PLUS, INC.

ATTENDANCE & MEAL COUNT

MONTH _____, 20____

SCHOOL CLOSED DAYS _____

PROVIDER _____

HOLIDAYS _____

LICENSED / GROUP
(CIRCLE ONE OF THE ABOVE)

C* Child's Full Name _____

Birthdate ____/____/____

Arrives: _____

Leaves: _____

Days in care M T W Th F Sa Su

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Birthdate ____/____/____

Arrives: _____

Leaves: _____

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Birthdate ____/____/____

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Days in care M T W Th F Sa Su

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Days in care M T W Th F Sa Su

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***Categories:**

- I - Infant - till 18 months
- IM - Infant - under a year
- P - Preschool - under 5 years
- K - At 5 years
- S - School age

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider's Signature _____ Date _____

Phone Number ____/____/____