DAILY ATTENDANCE for the month of _____200_____

PROVIDER:

Minute Menu Child #	**Date**	**CHILD'S** FIRST NAME/LAST INITIAL	**Age**	**TIME IN**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	TIME OUT	STAFF INITIAL	TIME IN	STAFF INITIAL	**TIME OUT**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	MEALS SERVED
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
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												B S L S D S
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												B S L S D S

DAILY ATTENDANCE for the month of _____200_____

PROVIDER:

Minute Menu Child #	**Date**	**CHILD'S** FIRST NAME/LAST INITIAL	**Age**	**TIME IN**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	TIME OUT	STAFF INITIAL	TIME IN	STAFF INITIAL	**TIME OUT**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	MEALS SERVED
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
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