Child Management Associates

Menu and Attendance Form

Provider_____ Month_____20_____

Instructions: Write the menu numbers for all meals served each claiming day, and the total number of children in attendance each day.

		Childrens Menu						Infants Menu					Substitutions	
Date	Total Attended	B	AM	L	PM	D	EV	B	AM Snack	Lunch	PM Snack	Dinner	Substitutions must be noted by meal type and date.	Meal
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