

Weekly Attendance & Meal Count Worksheet

Week Of: _____

Sponsor: Child Food Program of Texas

(281) 395-7000

TX Program No: 02058

281-395-7000

CLASSROOM			MONDAY							TUESDAY							WEDNESDAY							THURSDAY							FRIDAY							
AGE	NBR	CHILD NAME	Att	B	AM	L	P	D	PM	Att	B	AM	L	P	D	PM	Att	B	AM	L	P	D	PM	Att	B	AM	L	P	D	PM	Att	B	AM	L	P	D	PM	
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I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: _____ Date: _____