

# NUTRITION PLUS, INC. ATTENDANCE & MEAL COUNT

MONTH \_\_\_\_\_, 20\_\_\_\_ PROVIDER \_\_\_\_\_  
 SCHOOL CLOSED DAYS \_\_\_\_\_ HOLIDAYS \_\_\_\_\_

LICENSED / GROUP  
 (CIRCLE ONE OF THE ABOVE)

C\* Child's Full Name \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Arrives: \_\_\_\_\_  
 Leaves: \_\_\_\_\_  
 Days in care M T W Th F Sa Su

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Arrives: \_\_\_\_\_  
 Leaves: \_\_\_\_\_  
 Days in care M T W Th F Sa Su

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 Days in care M T W Th F Sa Su

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Arrives: \_\_\_\_\_  
 Leaves: \_\_\_\_\_  
 Days in care M T W Th F Sa Su

**\*Categories:**  
 I - Infant - till 18 months  
 IM - Infant - under a year  
 P - Preschool - under 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 \_\_\_\_/\_\_\_\_/\_\_\_\_