

NEIGHBORHOOD CENTER CHILD/ADULT CARE FOOD PROGRAM  
ATTENDANCE/MEAL SERVICE RECORD

For Week Ending \_\_\_\_\_

Childs Name	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		TOTALS									
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	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	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	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	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	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

**Certification of Provider Claim:**

I certify that to the best of my knowledge the number of meals being claimed for reimbursement are done so under the guidelines established under 7CRF226.17 Of the Child Care Food Program regulations. I understand that this information is given in connection with the receipt of Federal Funds and that deliberate misrepresentation may result in State and Federal Prosecution.

Signature \_\_\_\_\_

Date: \_\_\_\_\_