

Michigan Department of Education  
Child and Adult Care Food Program

**Weekly Meal  
Attendance Record**

Site/Room: \_\_\_\_\_

Month: \_\_\_\_\_ Week of: \_\_\_\_\_ Year: \_\_\_\_\_

First and Last Name Category (Circle One) A B C	Breakfast					Lunch					Snack				
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1.															
2.															
3.															
4.															
5.															
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17.															
18.															
19.															
20.															
21.															

Daily Totals	_____	_____	_____
Weekly Totals			
Daily Program Staff Meals	_____	_____	_____
Weekly Program Staff Meal Totals			

Totaled by \_\_\_\_\_ Reviewed by \_\_\_\_\_

**Keep this document on file for 3 years following the fiscal year to which it pertains; or if an audit is outstanding, until the audit is closed.**

Month: \_\_\_\_\_ Week of: \_\_\_\_\_ Year: \_\_\_\_\_

First and Last Name Category (Circle One) A B C	Breakfast					Lunch					Snack _____				
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1.															
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12.															

Daily Totals	— — — — —	— — — — —	— — — — —
Weekly Totals			

First and Last Name Category (Circle One) A B C	Breakfast					Lunch					Snack _____				
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1.															
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Daily Totals	— — — — —	— — — — —	— — — — —
Weekly Totals			