	Five-[Day	Me	al	Cou	ınt	Re	con	cili	atio	n-A	tta	chm	en	t A				
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② Today's Date:		3 D	ate	(3 Da W	ay of eek			① Cor ② Cor numb	nplete t	Page Nu oday's o	mber. late, sp	onsor na						
								ns	3 Inse	ert the o	days of the	the wee	k and co	orrespo	onding	dates c	hosen	for the	9
Sponsor:								Ęį	4 Ins	ert each	partici	oant's n	ame fro	m the	meal a	ittendar	nce.		
Provider's Name:								Instructions	attend	lance re ck if pa	cords for rticipant	or the fi	ve-day r attenda	① Page of or name, provider name and license and corresponding dates chosen for the e from the meal attendance. If or each participant from the meal day reconciliation period. endance for those five days. List from at's time in and time out. This would k (ex. school, doctor appointment). form, compare the days, the meals, and idicated they should participate with their if they match for the five-day reconciliation. ② Enrollment Form Does form match records? Day Meal Time					
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