Michigan Department of Education Child and Adult Care Food Program

Weekly Meal Attendance Record

				Atte	endan	ce Re	cord								
Site/Room:															
Month:	Week of:						_ Yea	r:							
		kfast		ı	Lunch	1			Snack						
First and Last Name Category (Circle One) A B C	М	Т	W	ТН	F	М	Т	W	тн	F	М	Т	W	ТН	F
1.															
2.															
3.															
4.															
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16.															
17.															
18.															
19.															
20.															
21.															
Daily Totals					ı		1					1	1		
Weekly Totals	1														
Daily Program Staff Meals															
Weekly Program Staff	 														

Totaled by _______Reviewed by _____

Meal Totals

Month:	Week of:						_ Year:										
	Breakfast					L	.unch				Snack						
First and Last Name Category (Circle One) A B C	М	Т	W	TH	F	М	Т	W	тн	F	М	Т	w	тн	F		
1.																	
2.																	
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12.																	
Daily Totals						Ī											
Weekly Totals																	
		Breakfast									Snack						
			Brea	kfast		Lı	ınch					Snac	k				
First and Last Name Category (Circle One) A B C	М	Т	Brea W	kfast TH	F	Lı M	nch T	W	ТН	F	М	Snac T	k W	ТН	F		
Category (Circle One)	М	Т			F			W	ТН	F	М			ТН	F		
Category (Circle One) A B C	М	Т			F			W	TH	F	М			TH	F		
Category (Circle One) A B C 1.	М	Т			F			W	ТН	F	М			TH	F		
Category (Circle One) A B C 1.	М	T			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5. 6. 7.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5. 6. 7.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5. 6. 7. 8.	M	Т			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	M	T			F			W	TH	F	M			TH	F		
Category (Circle One) A B C 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	M	T			F			W	TH	F	M			TH	F		