

Month _____ Year _____
 Center/Room _____
 Circle Category A B C

Michigan Department of Education
 Child and Adult Care Food Program

Meal Attendance

All Meals and Snacks

B = Breakfast
 A = AM (morning snack)
 L = Lunch
 P = PM (afternoon snack)
 S = Supper
 E = Evening Snack

First and Last Name (in alphabetic order)	Monday _____						Tuesday _____						Wednesday _____						Thursday _____						Friday _____											
	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E						
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				
13																																				
Breakfast Totals																																				
Lunch Totals																																				
Supper Totals																																				
Snack Totals																																				

Page Totals

Use separate sheet to record meal attendance for adults and others

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First and Last Name (in alphabetic order)	Saturday						Sunday						
	B	A	L	P	S	E	B	A	L	P	S	E	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
Breakfast Totals													
Lunch Totals													
Supper Totals													
Snack Totals													

Page Totals

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