

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)	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

Use separate sheet to record meal attendance for adults and others