

Meal and Snack Count



669-0291 or 800-530-5129

"I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes"

Provider's Signature: _____

Date: _____

For the month of :

Year 20

Child's Name		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals	
first name	B																																	B
	AM																																	AM
last name	L																																	L
	PM																																	PM
Age Category	D																																	D
I P K S	BT																																	BT
first name	B																																B	
	AM																																	AM
last name	L																																	L
	PM																																	PM
Age Category	D																																	D
I P K S	BT																																	BT
first name	B																																	B
	AM																																	AM
last name	L																																	L
	PM																																	PM
Age Category	D																																	D
I P K S	BT																																	BT
first name	B																																	B
	AM																																	AM
last name	L																																	L
	PM																																	PM
Age Category	D																																	D
I P K S	BT																																	BT
first name	B																																	B
	AM																																	AM
last name	L																																	L
	PM																																	PM
Age Category	D																																	D
I P K S	BT																																	BT
Office Use Only	B																																B	
	AM																																	AM
	L																																	L
	PM																																	PM
	D																																	D
Totals	BT																																	BT
		Block Menus? <input type="checkbox"/> Yes <input type="checkbox"/> No Meal = B AM L PM D BT																																

Age Categories
 P = Preschool S = School Age
 K = Kindergarten I = Infant

▼▼ I am Claiming ▼▼
 Holiday: _____
 Date school was out: _____

▼ Send original to Child Care Links
 ▼ Keep the copy for your records