

WEEK OF:

(TO BE USED ONLY BY CENTERS CLAIMING ADDITIONAL MEALS) OR SNACK(S))

CHILD'S NAME, LAST NAME FIRST	MONDAY					TUESDAY					WEDNESDAY					THURSDAY												
	TIME IN	TIME OUT	brkfst	am snk	lunch	pm snk	supper	TIME IN	TIME OUT	brkfst	am snk	lunch	pm snk	supper	TIME IN	TIME OUT	brkfst	am snk	lunch	pm snk	supper	TIME IN	TIME OUT	brkfst	am snk	lunch	pm snk	supper
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TOTALS