Name of Provider: Angel Dante (First & Last ONLY) # Operating Days 22

Meal Count & Attendance Worksheet
(Must be recorded by the end of the day)

Circle Month: JAN, FEB, MAR, APR, MAY, JUN / JUL, AUG, SEP, (OCT), NOV, DEC

Year 2015

Name of Child (Last, First)	Meal Type	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
Name: Paola Alfredo Enrolled: 10/15/15 Withdrawn: √ Age: ✓Inf ___PreK ___SA	BR MS LU AS SU	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	● ○ ● ● ○	● ○ ● ● ○	●	●	● ○ ● ● ○	● ○ ● ● ○	● ○ ● ● ○	● ○ ● ● ○	● ○ ● ● ○	●	●	○ ○ ● ● ○	○ ○ ● ● ○	○ ○ ● ● ○	○ ○ ● ● ○	○ ○ ● ● ○	●	BR 7 MS ___ LU 12 AS 12 SU 5
Name: Dante Kenzie Enrolled: ___ Withdrawn: 10-18-15 √ Age: ___Inf ✓PreK ___SA	BR MS LU AS SU	● ● ● ○ ○	● ● ● ○ ○	●	●	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	●	●	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	● ● ● ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	BR 12 MS 12 LU 12 AS ___ SU ___
Name: Arturo Gustavo Enrolled: ___ Withdrawn: ___ √ Age: ___Inf ___PreK ✓SA	BR MS LU AS SU	○ ○ ○ ○ ○	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	○ ○ ○ ○ ○	○ ○ ○ ● ●	●	BR ___ MS ___ LU ___ AS 13 SU 13
Name: Valentina Rocco Enrolled: ___ Withdrawn: ___ √ Age: ___Inf ___PreK ✓SA	BR MS LU AS SU	○ ○ ○ ● ●	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	●	●	○ ○ ○ ○ ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ○ ●	○ ○ ○ ● ●	○ ○ ○ ● ●	●	●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	○ ○ ○ ● ●	●	BR ___ MS ___ LU ___ AS 20 SU 20
Name: Ira Brice Enrolled: ___ Withdrawn: ___ √ Age: ___Inf ___PreK ✓SA	BR MS LU AS SU	● ○ ○ ● ○	● ○ ○ ● ○	●	●	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	●	●	● ○ ○ ● ○	○ ○ ○ ○ ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	●	●	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	●	●	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	● ○ ○ ● ○	○ ○ ○ ○ ○	●	BR 20 MS ___ LU ___ AS 20 SU ___
Name: Delilah Holden Enrolled: ___ Withdrawn: ___ √ Age: ___Inf ✓PreK ___SA	BR MS LU AS SU	○ ● ● ● ○	○ ● ● ● ○	●	●	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	●	●	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	●	●	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ○ ○	○ ● ● ● ○	●	●	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	○ ● ● ● ○	●	BR ___ MS 21 LU 21 AS 21 SU ___
Name: Xander Keaton Enrolled: 10/19/15 Withdrawn: ___ √ Age: ___Inf ___PreK ___SA	BR MS LU AS SU	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	● ○ ○ ○ ○	● ○ ○ ○ ○	● ○ ○ ○ ○	● ○ ○ ○ ○	● ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	BR 10 MS 9 LU ___ AS ___ SU ___
Name: ___ Enrolled: ___ Withdrawn: ___ √ Age: ___Inf ___PreK ___SA	BR MS LU AS SU	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	●	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	●	BR ___ MS ___ LU ___ AS ___ SU ___

I certify that to the best of my knowledge, this information is accurate in all respects.
I also understand that deliberate misrepresentation of information may result in state or federal prosecution.

SIGNATURE: Angel Dante Date: 10/30/15

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SU 38

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