

ATTENDANCE AND MEAL COUNT RECORD

Provider: _____ Month _____

Child's First Name _____ Child's Last Name _____

Age _____ Kindergarten or above now? Yes _____ No _____

OCDC is an equal opportunity provider.

Date	In	Out	In	Out	B	S	L	S	D	S	Initials
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31											
Totals											

REMEMBER TO KEEP COPIES OF ALL FORMS SUBMITTED TO OCDC.