

PROVIDER \_\_\_\_\_

ATTENDANCE AND MEAL COUNT RECORD  
OCDC is an equal opportunity provider

MONTH \_\_\_\_\_

PLEASE: ONE CHILD PER GRID

Child Last Name \_\_\_\_\_

Child Last Name \_\_\_\_\_

Child Last Name \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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REMEMBER TO KEEP COPIES OF ALL FORMS