AEYC CACFP TALLY SHEET **Fax 907-789-1238**

Month: _____ **Provider:** _____

B=Breakfast A=Morning snack L=Lunch P=Afternoon snack S=Supper E=Evening snack

Child's Name (*if own)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
																Subtotal 1-15
Daily Attendance*																
Breakfast (B)																
A.M. Snack (A)																
Lunch (L)																
P.M. Snack (P)																
Supper (S)																
Evening Snack (E)																

***total up the number of each meal per day and enter it into the box.**