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Fax 907-789-1238

Month:		F	Provider:		
B=Breakfast /	A=Morning snack	L=Lunch	P=Afternoon snack	S=Supper	E=Evening snack

Child's Name (*if own)	1	1	6	1	_ 7	·[1	8	1	9	2	2 0		2	1		2	2	2	_ ! 3	3	2	4		2	5	- 2	2 (6	2	7		2 8	В	2	9	•	3	0	3 ′	1			_
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Daily Attendance					,						,													•								,								,				
Breakfast (B)																																												
A.M. Snack (A)																																												
Lunch (L)																																												
P.M. Snack (P)																										1															1			
Supper (S)			1																							_																		
Evening Snack (E)																					1																1							

I certify that this is a true and accurate record of food service to children enrolled in my family child care home.

Provider Signature	Date	

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