

MEAL PARTICIPATION RECORD

SITE NAME _____ MONTH/YEAR _____
 CLASSROOM _____

Program: Child Care Center Head Start
 Outside School Hours

Meal Service: Early Snack Breakfast AM Snack
 Lunch PM Snack Supper Evening Snack

Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. List the name of each child. At each meal service, mark the box to indicate when a child was served a reimbursable meal. If adults are served a meal, record the daily total in the adult meal box on the Program or Non-program Adult Meals line. At the end of the month, indicate which children are eligible for free, reduced and paid meals. A coding system is recommended. Next, for each day, add all free meals and put the total in the Free Daily Totals box. Do the same for reduced and paid meals, each day. Then, add each row, moving left to right, and enter the total in the correct F/R/P column under Monthly Totals. The Free Daily Totals total, should match the Free Monthly Totals total. The same is true for reduced and paid.

Child's Full Name	Days of Month																															Monthly Totals						
	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	Free	Reduced	Paid				
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