Kibois Child Care Program

DAILY ATTENDANCE SHEET

Date Rec._____ _____ 20_____

Month

I hereby certify that all of the information is true and correct. I understand that this information is being given in connections with the receipt of federal funds; that State Agency and Sponsor officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statues.

_____

Signature and Provider No. Date

	Name & Age								Name & Age								Name & Age								Name & Age								Name & Age							
DATE	IN	OUT	B	A	L	P	S	LN	IN	OUT	B	A	L	P	S	LN	IN	OUT	B	A	L	P	S	LN	IN	OUT	B	A	L	P	S	LN	IN	OUT	B	A	L	P	S	LN
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INSTRUCTIONS: For each child participating, please (X) which meals are being claimed. **B**-Breakfast, **A**-AM snack, **L**-Lunch, **P**-PM Snack, **S**-Supper, **LN**-Late Night Snack. Remember that only three (3) meals may be claimed for each child per day and one (1) of those **must** be a snack.