AT-RISK AFTER SCHOOL MEALS PROGRAM

DAILY ATTENDANCE ROSTER AND DAILY MEAL COUNT FOR THE NUMBER OF SNACKS/MEALS SERVED

DATE: _____

AGREEMENT # _____ SITE NAME _____

	CHILD'S NAME	SNACKS	SUPPERS
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			
	TOTAL CHILDREN	**TOTAL SNACKS**	**TOTAL SUPPERS**

***Identify each site by name and date of meals served. The daily total number of snacks/meals claimed must match the daily meal count documentation.**