Kids Unlimited
An Open Family Day Care System

KIDS UNLIMITED
MEAL ATTENDANCE REPORT

Send to: 9 Trolley Crossing Road, Charlton, MA 01507
Questions? Call: 508-248-6772

Print Name:_____

Month Of:_____ 20_____

Week Ending:_____

ENROLLED CHILDREN	AGE	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY					SATURDAY					SUNDAY					TOTALS				
		B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S
1.																																									
2.																																									
3.																																									
4.																																									
5.																																									
6.																																									
7.																																									
8.																																									
9.																																									
10.																																									
11.																																									
12.																																									

I acknowledge that I have been fully informed of the Child Care Food Program requirements and certify that I have fully complied with said requirements and have served all meals indicated on the menu forms below. This information is true and accurate to the best of my knowledge.

TOTALS ▶

AUTH # CF-336-_____

Provider's Signature:_____

Menus must be totalled to receive credit for the week.

Notice
Per Child Limit
2 Meals/1Snack
OR
1 Meal/2 Snacks

All Menus MUST be in by the 4th of each month for credit!

☐ **NEW CHILD Started Enrollment Enclosed**

Child Summary Information
Mark ONE statement below:

There are NO changes this month: ___
I have attached enrollment forms for NEW children: ___
I no longer care for the following children: ___

Name **Date Last Cared For**
1._____
2._____
3._____
4._____
5._____

DO NOT WRITE BELOW THIS LINE!!!

FOR OFFICE USE ONLY

Provider Tier
Circle One:
Tier 1 Tier 2

Enrollment Tiering
Circle One:
All Tier 1
All Tier 2
Split Tiering

MENU CHECKED ☐

NOTES:

TIER 1 SPLIT

TIER 2 SPLIT

⇧ **For Split Tiering** ⇧