

CHILD ATTENDANCE IN/OUT LOG SHEET

NAME: _____ MONTH: _____

DATE	IN	OUT	MEALS CLAIMED/SERVED	HOURS	\$DUE	TOTAL PD	INITIALS
1			B A L P D S				
2			B A L P D S				
3			B A L P D S				
4			B A L P D S				
5			B A L P D S				
6			B A L P D S				
7			B A L P D S				
8			B A L P D S				
9			B A L P D S				
10			B A L P D S				
11			B A L P D S				
12			B A L P D S				
13			B A L P D S				
14			B A L P D S				
15			B A L P D S				
16			B A L P D S				
17			B A L P D S				
18			B A L P D S				
19			B A L P D S				
20			B A L P D S				
21			B A L P D S				
22			B A L P D S				
23			B A L P D S				
24			B A L P D S				
25			B A L P D S				
26			B A L P D S				
27			B A L P D S				
28			B A L P D S				
29			B A L P D S				
30			B A L P D S				
31			B A L P D S				

This institution is an equal opportunity provider.

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