

Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Name of Contracting Entity (CE) Geo-Son Child Care Services, Inc.	Name of Site	CE ID TX 02401	Month and Year
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Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

Classroom:	Age	Day		Date					Day		Date					Day		Date					Day		Date					
		Mon		Tues		Wed		Thurs		Fri																				
		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	
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Number of Program Staff and Non-Program Meals																														

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Signature - Site Representative

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		Mon				Tues				Wed				Thurs				Fri																
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Participant's Name (First & Last)		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E
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Number of Program Participants - Attendance & Meal Count	At																																			
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Number of Program Participant Meals to be Claimed																																				
Number of Program Staff and Non-Program Meals																																				

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature - Site Representative

Date

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Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Name of Contracting Entity (CE) Geo-Son Child Care Services, Inc.	Name of Site	CE ID TX 02401	Month and Year
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Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

Classroom:	Age	Day		Date		Day		Date		Day		Date		Day		Date		Day		Date							
		Mon				Tues				Wed				Thurs				Fri									
		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P
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		Mon				Tues				Wed				Thurs				Fri											
		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E
Participant's Name (First & Last)																													
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Number of Program Participants - Attendance & Meal Count	At																												
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Signature - Site Representative _____ Date _____ Page _____ of _____

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		Mon				Tues				Wed				Thurs				Fri													
		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E		
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