Month _____ Date _____

DAY LICENSE ONLY

DUMAS WESLEY COMMUNITY CENTER

DAILY RECORD OF ATTENDANCE AND MEAL PARTICIPATION IN FAMILY HOME DAY CARE A-90

Tier: _____
License # Day: _____
License Expires: _____
Ages Licenses for: _____

NAME OF PROVIDER _____ ADDRESS _____

	Date	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F		M	T	W	T	F	M	T	W	T	F						Tier Code
Name _____	BK																BK											BK ___	SN ___	LU ___	SN ___	SU ___	
	SN																SN																
Age _____	LU																LU																
	SN																SN																
	SU																SU																
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Name _____	BK																BK											BK ___	SN ___	LU ___	SN ___	SU ___	
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	SN																SN																
	SU																SU																
Name _____	BK																BK											BK ___	SN ___	LU ___	SN ___	SU ___	
	SN																SN																
Age _____	LU																LU																
	SN																SN																
	SU																SU																

I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES.

TOTALS BK ___ SN ___ LU ___ SN ___ SU ___

TOTALS:	BK	SN	LU	SN	SU	BT
PAGE 1:						
PAGE 2:						
PAGE 3:						
PAGE 4:						
TOTALS:						

_____
SIGNATURE OF PROVIDER

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