MEAL COUNT SHEET

Child Nutrition Program of Southern California

7777 Alvarado Rd. Suite 700, La Mesa, CA 91941

I certify that the information in my attendance **and** attached menus is true and correct in all respects; I understand that this information is being given in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. X _____

provider # _____

month of: _____

Day of Month	age / name / # / *K☐	B	AM SN	L	PM SN	D	EV SN
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							
31							
Provider Total							
Office Total							

*Please check "**K box**" if child attends am or pm Kindergarten