

**Child & Adult Care Food Program**  
**DAILY ATTENDANCE ROSTER**

Month /Year: \_\_\_\_\_ Provider's Name: \_\_\_\_\_

Calendar Dates:																													
Child's First /Last Names	Normal Days	Normal Hours	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	Totals:	
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25.																													
<b>Daily Totals:</b>																													

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date