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	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	**Totals**
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Daily Totals:																																											

_____ Signature

_____ Date