

# Monthly Meal Count Sheet



Alaska Family Child Care Food Program  
 2207 E. Tudor Road #34  
 Anchorage, AK 99507  
 (907) 274-2237

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Month/Year: \_\_\_\_\_

New ?	Child's Name First & Last	DOB if Under 30 M	Related How?	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		
YES			Attendance →															
NO																		

DUE NO LATER  
 THAN THE 5TH  
 OF NEXT MONTH

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Date Received

Attendance = X  
 Breakfast = B  
 Morning Snack = M  
 Lunch = L  
 Afternoon Snack = A  
 Supper = S  
 Evening Snack = E

I certify that all information submitted is true and correct. Pg \_\_\_\_ of \_\_\_\_

Provider's Signature \_\_\_\_\_

