AK Family Child Care Food Program 2207 E. Tudor Road #34, Anchorage, AK 99507
Monthly Meal Count Sheet

DUE NO LATER THAN THE 5TH OF NEXT MONTH

DATE RECEIVED

Month:_____ Year:_____ Provider:_____ Provider Number:_____

Child First & Last Name	DOB if ↓30 mo.	Related How?	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	Totals
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Daily Attendance																																		
Breakfast (B)																																		
Morning Snack (M)																																		
Lunch (L)																																		
Afternoon Snack (A)																																		
Supper (S)																																		
Evening (E)																																		

I certify that all the information submitted is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, handicap, race, color, religion, or national origin.

PROVIDER'S SIGNATURE:_____ **DATE:**_____

Form design by Data Tiger

ORIGINAL - FOOD PROGRAM YELLOW - PROVIDER

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ORIGINAL - FOOD PROGRAM **YELLOW - PROVIDER**