

**FOOD PROGRAM DAILY ATENDANCE SHEET**

CENTER NAME: \_\_\_\_\_

VENDOR ID# \_\_\_\_\_ MONTH : \_\_\_\_\_

F	_____
R	_____
N	_____

COMMENTS  
RE= RE ENROLLED  
D= DROPPED

Child's name: must use name as on the Parent Application. Legal name PLEASE PRINT (Alphabetical order, Last name, First name) OFFICE USE ONLY	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	
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SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTENDANCE SYMBOLS: X=ATTENDED O=ABSENT H=HOLIDAY

Community Coordinated Care for Children 3500 West Colonial Drive Orlando, FL 32808 407-522-2252