## Kibois Child Care Program **DAILY ATTENDANCE SHEET**

Date Rec	20	
	Month	

I hereby certify that all of the information is true and correct. I understand that this information is being given in connections with the receipt of federal funds; that State Agency and Sponsor officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statues.

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**INSTRUCTIONS**: For each child participating, please (X) which meals are being claimed. **B**-Breakfast, **A**-AM snack, **L**-Lunch, **P**-PM Snack, **S**-Supper, **LN**-Late Night Snack. Remember that only three (3) meals may be claimed for each child per day and one (1) of those **must** be a snack.