Child Care Food Program

1531 E. Sunshine Suite E-1
Springfield, MO 65804
(417) 8658427 Fax (417) 8656437
forms@ccfpfood.com

Weekly Attendance Report

Month / Year _____ Week of _____

Provider _____

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		SUNDAY						MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SATURDAY					
	Enrolled Children	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES	B	AM	L	PM	S	ES
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