

Highland Rim Head Start Meal Count

CENTER: _____

MONTH: _____

TOTAL NUMBER OF BREAKFASTS SERVED

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL

TOTAL NUMBER OF LUNCHESES SERVED

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL

TOTAL NUMBER OF SNACKS SERVED

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL

TOTAL NUMBER OF TEACHERS SERVED

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL

<i>For Office Use Only</i>	
TOTAL MONTHLY ATTENDANCE	_____
TOTAL EXCUSED ABSENCES	_____
TOTAL UNEXCUSED ABSENCES	_____
TOTAL NON-SCHEDULED DAYS	_____
DAYS FOR THE MONTH	_____

TOTAL BREAKFASTS	_____
TOTAL LUNCHESES	_____
TOTAL SNACKS	_____
TOTAL TEACHER LUNCHESES	_____

STAFF SIGNATURE