

Month _____ Date _____

DAY LICENSE ONLY
DUMAS WESLEY COMMUNITY CENTER
DAILY RECORD OF ATTENDANCE AND MEAL PARTICIPATION IN FAMILY HOME DAY CARE A-90

Tier: _____
 License # Day: _____
 License Expires: _____
 Ages Licenses for: _____

NAME OF PROVIDER _____ ADDRESS _____

	Date																Tier Code												
		M	T	W	T	F	M	T	W	T	F	M	T	W	T	F		M	T	W	T	F							
Name _____	BK																												
Age _____	SN																												
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I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES.

TOTALS

TOTALS:	BK	SN	LU	SN	SU	BT
PAGE 1:						
PAGE 2:						
PAGE 3:						
PAGE 4:						
TOTALS:						

SIGNATURE OF PROVIDER

BK	SN	LU	SN	SU	BT