Monthly Snack Participation Record For Non-Area Eligible Sites

Site: _____ **A**- Absent **S**- Snack Participation **N**- Present, No Snack

Month & Year:_____ Date																								TOTAL
Child's full name																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
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11																								
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13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
Daily Totals																								
Adults-Enter number of adults served each day.																								

Number of Days Snacks Served:_____

To the best of my knowledge the information listed is true and correct.

For Office Use Only
Number of ReimbursableSnacks Served for the Month:

Free:_____ **Reduced**:_____ **Paid**:_____

_____

Signature of person completing form Date