Monthly Snack Participation Record For Snacks Claimed as Free/Reduced/Paid

Site: A- Absent S- Snacl								ick P	Reacticipation N-1					ent,	No S	Snac					
Month & Year: Date	: :																				
Child's Full Name																					
1																					
2																					
3																					
4																					
5																					
6																					
7																					
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15																					
16																					
17																					
18																					
19																					
20																					
Daily Totals																					
Free																					
Reduced																					
Paid																					
Adults – Enter # of adults daily																					
Number of Days Snacks Served:																					
Number of Reimbursable Snacks Served for the Month Free: Reduced: Paid:																					
Signature of person completing for	ignature of person completing form: Date:																				