MEAL COUNT AND ATTENDANCE FORM

X - PRESENT
O - ABSENT

I certify that the information submitted is accurate in all aspects and that I understand this information is given in connection with the receipt of federal funds. Deliberate misrepresentation may result in state or federal prosecution.

PROVIDER SIGNATURE: _____

FIRST STEP to NUTRITION
P.O. BOX 122
WELLSBORO, PA. 16901

| MONTH | YEAR | DATE | | |