

Month _____ Date _____

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

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																					BK	_____	SU	_____	BT	_____	
Age _____	SU																					SU	_____					
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Name _____	BK																					BK	_____	SU	_____	BT	_____	
Age _____	SU																					SU	_____					
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Name _____	BK																					BK	_____	SU	_____	BT	_____	
Age _____	SU																					SU	_____					
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Name _____	BK																					BK	_____	SU	_____	BT	_____	
Age _____	SU																					SU	_____					
	BT																					BT	_____					
Name _____	BK																					BK	_____	SU	_____	BT	_____	
Age _____	SU																					SU	_____					
	BT																					BT	_____					
		TOTALS															BK	_____	SU	_____	BT	_____						

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

SIGNATURE OF PROVIDER