Update to latest Adobe Reader prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to new name on hard drive to make future updates or click print button.

MEAL PARTICIPATION RECORD

SITE NAME/ROOM

MONTH/YEAR

MEAL SERVICE

☐ Early Snack ☐ Lunch ☐ Supper
☐ Breakfast ☐ PM Snack ☐ Evening Snack
☐ AM Snack

NAME OF CHILD (First and Last)	DAYS OF MONTH																													TOTAL		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Free	Re-duced	Paid
DAILY TOTALS																																		
PROGRAM ADULT MEALS - DO NOT CLAIM																																		
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MATH CHECK:
To prevent math errors, the two totals below must be the same. If the totals are not the same, check your work to find the error.

1) Add total number of free, reduced-price, and paid meals ☐

2) Add all the Daily Totals for the month ☐

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