DCW - Transactional

Center   DCW Transactional- CENTER 1   **Classroom:**   **AM, Before School Care (Recurring Billing Room, Monthly)**

X = Meal Served

1 = Present   **T = Termed**

Month: March / April	**Year: 2019**	Please fill in date next to day of the week **0 = Meal Not Served/Claimed**

A = Absent   **E = Enrolled**

Participant's Name Last Name, First Name	Birth Date	Time of Attendance	1, 2 or 3	Monday-04/01/2019 AM Supp.	Lunch	Dinner	Attendance	Tuesday-04/02/2019 AM Supp.	Lunch	Dinner	Attendance	Wednesday-04/03/2019 AM Supp.	Lunch	Dinner	Attendance	Thursday-04/04/2019 AM Supp.	Lunch	Dinner	Attendance	Friday-04/05/2019 AM Supp.	Lunch	Dinner	Attendance
Baggins, Frodo	2011-10-12		3																				
Giant, Clayton	2008-08-08																						
Salami, Ronni	2018-09-05																						
Daily Total																							
# of children enrolled(this room)																							

Teacher(s) Name

Beauty, Belle

Weekly totals must be counted twice before being submitted.

Verified By: _____

Weekly Totals By Meal Type and Category

AM Supp.			Lunch			Dinner	
1			1			**1**	
2			2			**2**	
3			3			**3**	