DCW - Transactional
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Center #		Classroom #	New PM Regist	ration Example	;	X - Meal Se	rved	
Center Name	DCW Transact	tional- CENTEI	R 1			O - Meal No	ot Served/Cla	imed
Month/Year: Ap	ril/2019							
Participant's Name		_				04-02-2019		
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance
Test,Stephanie	03-15-2016			0				
Baggins,Bilbo	10-09-2018			3				
Oz,Dorthy	09-27-2011			2				
								+
	Daily T	`otal	1					
	# of Children							
Teacher(s) Name								

DCW - Transactional Center# Classroom # Infants B X - Meal Served Center Name DCW Transactional- CENTER 2 O - Meal Not Served/Claimed Month/Year: April/2019 04-02-2019 Participant's Name Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 10-12-2011 3 Baggins,Frodo Daily Total # of Children Enrolled

Teacher	(s) N	Jame
1 Cacher	311	vanno

DCW - Transacti	ional							
Center #		Classroom #	Preschool		X - Meal Served			
Center Name	DCW Transact	ional- CENTE	R 1		O - Meal No	t Served/Cla	imed	
Month/Year: Ap	ril/2019							
Participant's Name						04-02-2019		
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendanc
Sanders, Dustin	10-09-2017			1				
					+			
	Daily To	otal						
	# of Children							ļ
Teacher(s) Name					_			

Verified By. \_

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DCW - Transacti	ional							
Center #		Classroom #	After School - F		X - Meal Sea	rved		
Center Name	DCW Transact	tional- CENTE	R 1			O - Meal No	t Served/Cla	imed
Month/Year: Ap	ril/2019							
Participant's Name					04-02-2019			
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendanc
Miller,Carson	10-10-2013			3				
						-		
						+		
	Daily T	otal						
	# of Children	Enrolled						

Verified By. \_

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Teacher(s) Name

DCW - Transactional

Center# Classroom# New PM- AM, Before Care X - Meal Served Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed Month/Year: April/2019 Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance Test,Stephanie 03-15-2016 0 Baggins,Bilbo 10-09-2018 3 Oz,Dorthy 09-27-2011 2 Daily Total # of Children Enrolled Teacher(s) Name

DCW - Transactional

PM, After School Care (Recurring Billing Room, Monthly) Center # X - Meal Served Classroom#

Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed

Center Ivanie	tenter Name Dew Transactional-CENTER 1					O - Meal Not Selveu/Claimed				
Month/Year: Ap	ril/2019									
Participant's Name										
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance		
Snowman,Frosty The	12-31-2015			0						
Baggins,Bilbo	10-09-2018			3						
Frozen,Anna	12-31-2011			3						
Frozen,Elsa	12-31-2011			3						
Oz,Dorthy	09-27-2011			2						
Brave,Merida	09-19-2012			1						
	Daily To	otal								
	# of Children	Enrolled								

Teacher(s) Name

Daily 1	otals must be counted twice before being submitted.	Verified By.	

DCW - Transactional

Center #Classroom #InfantsX - Meal ServedCenter NameDCW Transactional- CENTER 1O - Meal Not Served/Claimed

Control 1 (unite De 1) Transmetronial CEI (TEIC)					3 Tital Tist Serves, Claimed					
Month/Year: Apr	ril/2019									
Participant's Name						04-02-2019				
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance		
Mergemore,Margee ne	04-03-2018			0						
Miller,Stephanie	09-29-2017			0						
Baggins,Bilbo	10-09-2018			3						
Carter, Timothy	07-19-2018			0						
Giant,Clayton	08-08-2008			0						
			+							
			-							
	Daily To	otal								
	# of Children									
	" of Ciliatell	Lindica			1					

Teacher(s) Name

Daily totals must be counted twice before being submitted. Verified By.
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Flexible Care, AM (PM Calendar)

X - Meal Served

DCW - Transactional

Classroom #

Daily Total
# of Children Enrolled

Center #

Center Name	enter Name DCW Transactional- CENTER 1					O - Meal No	ot Served/Clai	imed		
Month/Year: Ap	ril/2019									
Participant's Name						04-02-2019				
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance		
Doolittle,Eliza	02-01-2011			0						
Frozen, Anna	12-31-2011			3						
1	1	I	1	I	1	1	1	1		

Teacher(s) Name

DCW - Transactional Center# Classroom # Legacy PM calendar room X - Meal Served Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed Month/Year: April/2019 04-02-2019 Participant's Name Last Name, First Birthdate Time of 1, 2 or 3 AM Lunch Attendance Room Dinner Supplement Name Attendance 3 Frozen, Anna 12-31-2011 Daily Total # of Children Enrolled

Daily totals must be counted twice before being submitted.

Verified By.

Teacher(s) Name

DCW - Transactional Center# Classroom # Chess for Beginners X - Meal Served Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed April/2019 Month/Year: Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 0 Giant, Jolly Green 10-01-2008 09-19-2012 Brave, Merida 1

Te	eac	he	r(s	s)	Name		
_	.,						,

Daily Total
# of Children Enrolled

DCW - Transactional Center# Classroom # legacy PM Reg Room X - Meal Served Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed Month/Year: April/2019 04-02-2019 Participant's Name Last Name, First 1, 2 or 3 Birthdate Time of AM Lunch Attendance Room Dinner Name Attendance Supplement 12-31-2011 3 Frozen, Anna Daily Total # of Children Enrolled

Teacher(s) Name	
Daily totals must be counted twice before being submitted.	Verified By.

X - Meal Served

Verified By.

Cub Scouts - Lions

Classroom#

DCW - Transactional

Center#

Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed April/2019 Month/Year: Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 0 Giant, Clayton 08-08-2008 Upthehill,Jill 0 12-16-2006 Daily Total # of Children Enrolled Teacher(s) Name

Classroom #

\*Flexible Child Care Registration (PM Registration)

X - Meal Served

Verified By.

Center Name	DCW Transactional- CENTER 1				O - Meal Not Served/Claimed			
Month/Year: Ap	ril/2019							
Participant's Name						04-02-2019		
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance
Brown,Stephanie	01-29-2014			0				
	Daily To	ntal						
	# of Children	Emonea						
Teacher(s) Name								

Daily totals must be counted twice before being submitted.

DCW - Transactional

Center #

DCW - Transactional

Center# Classroom# Afternoon Child Care X - Meal Served Center Name DCW Transactional- CENTER 2 O - Meal Not Served/Claimed April/2019 Month/Year: Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 0 Carter, Stephanie 08-27-2012 0 Johnson, Carson 03-26-2012 Smith, Katelyn 07-30-2012 0 0 Smith, Madison 05-20-2013 Daily Total # of Children Enrolled

Teacher(s) Name

DCW - Transacti Center #		Classroom #	Preschool R			X - Meal Ser	rved	
		Classroom # Preschool B						
Center Name	DCW Transacti	onai- CENTEI	X 1			O - Meal No	t Served/Cla	ıımea
	ril/2019							
Participant's Name						04-02-2019		
Last Name, First Name	Birthdate	Room	Time of Attendance	1, 2 or 3	AM Supplement	Lunch	Dinner	Attendance
Giant,Clayton	08-08-2008			0				
			+		1			
					1			
					+			
	Daily To	otal				1	•	
	# of Children							•

Verified By.

PM Latchkey Parent Managed Registration

X - Meal Served

Classroom#

DCW - Transactional

Center#

Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed April/2019 Month/Year: Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 0<u>9-29-2017</u> 0 Miller,Stephanie 0 Miller,Steven 05-13-2015 Daily Total # of Children Enrolled

DCW - Transactional

Center # Classroom # AM, Before School Care (Recurring Billing X - Meal Served Room, Monthly)

Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed Month/Year: April/2019 04-02-2019 Participant's Name Last Name, First Birthdate Room Time of 1, 2 or 3 AM Lunch Dinner Attendance Name Attendance Supplement 08-08-2008 0 Giant, Clayton 09-05-2018 Salami,Ronni 0 Baggins,Frodo 10-12-2011 3

Teacher(s) Name

Daily Total
# of Children Enrolled

After School - PMC Registration

X - Meal Served

Classroom#

DCW - Transactional

Center#

Center Name DCW Transactional- CENTER 1 O - Meal Not Served/Claimed Month/Year: April/2019 Participant's Name 04-02-2019 Last Name, First Birthdate Time of 1, 2 or 3 AM Attendance Room Lunch Dinner Supplement Name Attendance 0 Giant, Jolly Green 10-01-2008 0 Test,Stephanie 03-15-2016 Miller, Carson 10-10-2013 3

Daily Total								
# of Children Enrolled								
	Teacher(s) Name							
	Daily totals must be	counted twice b	efore being subi	mitted.	Ver	ified By.		