

A

Daily Attendance

SANFORD Children's

Provider Name: _____ No. _____

Phone # _____

Month/Years _____ 20 _____

Only two (2) meals and one(1) snack per day or one (1) meal and two snacks per child per day may be claimed for reimbursement. Maximum reimbursement per meal reflects capacity level. Send top copy to Sanford's Family Day-Care Network, keep second (2nd) copy. Return by 4th of each month.

Family Day Care Network
1115 W. 41st Street • Sioux Falls, SD 57105
(605) 312-8370 • (800) 235-5923

Child's Name	Meal	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	Totals				
	Breakfast																																				
	AM Snack																																				
Birthdate:	Lunch																																				
Parent Signature:	PM Snack																																				
	Supper																																				
	Breakfast																																				
	AM Snack																																				
Birthdate:	Lunch																																				
Parent Signature:	PM Snack																																				
	Supper																																				
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Parent Signature:	PM Snack																																				
	Supper																																				
Daily Total:	Breakfast																																				
Daily Total:	AM Snack																																				
Daily Total:	Lunch																																				
Daily Total:	PM Snack																																				
Daily Total:	Supper																																				