Month:	Signature:	Date:	Provider #:

I certify that, to the best of my knowledge, this information is accurate in all respects, I understand this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution"

	CHILD 1						CHILD 2						CHILD 3						CHILD 4						CHILD 5						CHILD 6						CHILD 7						CHILD 8						
	Age:		Grade				Age:		Grade				Age:		Grade				Age:		Grade				Age:		Grade				Age:		Grade				Age:		Grade				Age:		Grade				
	B	AM	L	PM	S	E	B	AM	L	PM	S	E	B	AM	L	Pm	S	E	B	AM	L	pM	S	E	B	AM	L	PM	S	E	B	AM	L	PM	S	E	B	AM	L	PM	S	E	B	AM	L	PM	S	E		
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Total Breakfast:	
Total Lunches:	
Total Snacks:	
Total Suppers:	

Daily Meal Count

Mail to CCNI
PO Box 138
Ivanhoe, MN 56142