

**Weekly Attendance & Meal Count Worksheet**

Test RPEP Center (000)

Week Of: \_\_\_\_\_

Sponsor: Rising Phoenix Enrichment Program, INC (05238)

678-548-2925

CLASSROOM #: RPEP			MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY									
AGE	NBR	CHILD NAME	Att	B		L	P	D	Att	B		L	P	D	Att	B		L	P	D	Att	B		L	P	D	Att	B		L	P	D
4y 6m	3	JOHNSON, NAOMI				-		-				-		-				-		-				-		-				-		-
2y 6m	2	MCCONAUGHEY, LEVI				-		-				-		-				-		-				-		-				-		-
<b>1y 10m</b>	1	OBAMA, SASHA				-		-				-		-				-		-				-		-				-		-
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* Special Diet																																
Daily Totals:																																
Total Nbr of Program Staff Meals:																																

CXFORMID1008  
66639

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_