

CKM CACFP Attendance Sheet

Site Name _____ Meal _____ Date: _____

CHILD'S FIRST NAME AND LAST INITIAL			
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Mark the child's name as you are serving each meal. Please make sure that you provide an attendance sheet for each meal being served. Return completed Attendance Sheets along with the Meal Count Sheet to CKM kitchen, faxed 419 243 9960 or sent by email to DOCS@connectingkidstomeals.org daily or no later than by 10:00 am the next business day. Failure to return completed attendance sheets and meal count forms may result in an interruption of meal service. If you have any questions, please contact the CKM Office at (419) 720-1106.