

As easy as 1...2...3...

1. Keep records daily.
2. List own children first; then list all children under two years; place check mark by all children who are in first grade or older (schoolage). Please write birthdates for all children under seven.
3. Monthly, total meals served in right "total" column; sign, date and send with menus so they are received in the office by the 5th of the month.

MEAL COUNT LOG



NUTRITION FIRST

P.O. Box 2316
 Salem, OR 97308-2316
 581-7563 or 1-800-288-6368
 "This institution is an equal opportunity provider"

Name:

Phone #:

Month:

		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	Total					
Full Name: _____	B																																		B			
	AMS																																			AMS		
Age: _____ School Age	L																																			L		
	PMS																																				PMS	
	D																																				D	
	LNS																																				LNS	
Full Name: _____	B																																			B		
	AMS																																				AMS	
Age: _____ School Age	L																																				L	
	PMS																																					PMS
	D																																				D	
	LNS																																					LNS
Full Name: _____	B																																			B		
	AMS																																				AMS	
Age: _____ School Age	L																																				L	
	PMS																																					PMS
	D																																					D
	LNS																																					LNS
Full Name: _____	B																																				B	
	AMS																																					AMS
Age: _____ School Age	L																																					L
	PMS																																					PMS
	D																																					D
	LNS																																					LNS

The information submitted is accurate in all respects. I understand that this is given in connection with the receipt of Federal funds and that deliberate misrepresentation may result in State or Federal prosecution.

Please sign and date: _____