



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
MONTHLY ATTENDANCE TIME IN/TIME OUT RECORD

CHILD'S NAME _____

MONTH _____

YEAR _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										