

<b>First:</b>	1	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																															P	
		Dinner																															D	
		Night																															N	
<b>Time in/out</b> ⇒																																		
<b>First:</b>	2	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																																P
		Dinner																																D
		Night																																N
<b>Time in/out</b> ⇒																																		
<b>First:</b>	3	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																																P
		Dinner																																D
		Night																																N
<b>Time in/out</b> ⇒																																		
<b>First:</b>	4	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																																P
		Dinner																																D
		Night																																N
<b>Time in/out</b> ⇒																																		
<b>First:</b>	5	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																																P
		Dinner																																D
		Night																																N
<b>Time in/out</b> ⇒																																		
<b>First:</b>	6	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	Official Use
<b>Last:</b>	Breakfast																																	B
<b>Age:</b>	C or NC	AM																																A
<b>School: Yes No</b>		Lunch																																L
<b>Comments:</b>		PM																																P
		Dinner																																D
		Night																																N
<b>Time in/out</b> ⇒																																		

Children First, PO Box 862 Payson, AZ, 85547 or Fax:1-928-468-8351  
Please send:  Infant Menus  Labels  Menus and Meal Count Sheets  
 Child Enrollment Forms  Sign In/Out  Other:  
 Child Care Home Provider Application

**Print Child Care Provider Name** \_\_\_\_\_ Provider totals here ↑  
Child Care Provider: I certify that all the information given is true and correct. I understand the information is given to receive federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and criminal federal statutes. **Menus and sign in/out sheets must be maintained daily.**  
Signature \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Comments: \_\_\_\_\_ Provider monthly totals: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ N \_\_\_\_\_ Children First Equal Opportunity Provider.