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Weekly Meal Roll Call Sheet

Center _____ Day / Date _____

Classroom _____

Child's Name	Monday						Tuesday						Wednesday						Thursday						Friday					
	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening Snack
Total Count:																														

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