

**MERCEDES CHILD NUTRITION SERVICES
DAILY ATTENDANCE & SNACK COUNT RECORD
After-School Snack Program**

School/Site: _____

Coordinator/Teacher: _____

Room #: _____

Date: _____

Provide the names of children enrolled in the After-School Snack Program in the left column. Use the indicators to record attendance and snacks served: **A**-absent **S**-Snack **N**-Present, No Snack

| STUDENT NAME | ID# | CODE |
|--------------|-----|------|
| 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. | | |

Total Attendance: _____

Total Snacks Served: _____

Program Coordinator/Teacher Signature: _____

Manager/CNS Staff Signature: _____