## Afterschool Snack Program (ASSP)

## DAILY ATTENDANCE AND SNACK COUNT RECORD FOR SCHOOLS THAT ARE NOT SITE/AREA ELIGIBLE

## School/Site:

$\qquad$ Month/Year: $\qquad$
Use a separate sheet for each site. Make copies of this form as needed. Enter the names of children enrolled in the afterschool care program in the left column. For each day the afterschool care program operates, enter the codes below to record student attendance and snacks served:

$$
\mathbf{A}=\text { Absent } \quad \mathbf{S}=\text { Received reimbursable snack } \quad \mathbf{N}=\text { Present but did not receive reimbursable snack }
$$

Do not complete shaded areas -for school food service program office use only.

|  | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Student Name | $\begin{aligned} & \text { Eligibility * } \\ & \text { (F, R or P) } \end{aligned}$ | M | T | W | Th | F | M | T | W | Th | F | M | T | W | Th | F | M | T | W | Th | F |
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| Total Number FREE (F) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Number REDUCED (R) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Number PAID (P) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For office use only | imbursable S | k | rve | or th | Mon |  |  |  |  |  |  | E |  |  |  |  |  | PAID |  |  |  |

