## Afterschool Snack Program (ASSP)

DAILY ATTE	NDANCE AN	D SN	ACK	COL	JNT F	RECC	DRD	FOR	SCH	OOLS	S TH	AT A	RE N	IOT S	SITE/	ARE	A ELI	GIBL	E.			
School/Site:						Grades:							Month/Year:									
Use a separate sheet for each si each day the afterschool care pr	rogram operates	, ente	the c	odes l	oelow	to rec	ord st	udent	attenc	lance a	and sr	acks	served	l:		_		in the	left co	olumn.	. For	
$\mathbf{A} =$	Absent S	= Rec	eived	reiml	oursab	le sna	ıck	N	= Pres	sent bu	ıt did	not re	ceive	reimb	ursab	le sna	ck					
Do not complete shaded areas	-for school foo	d ser	vice p	rograi	m offi	ce use	e only.															
Student Name	Date																					
	Eligibility * (F, R or P)	М	Т	W	Th	F	M	Т	w	Th	F	М	Т	W	Th	F	M	Т	W	Th	F	
																			<u> </u>			
																			<u> </u>			
Total Number FREE (F)																						
Total Number REDUCED (R)																						
Total Number PAID (P)																						
For office use only Number of Reimbursable Snacks Served for the Month FREE:												REDUCED:					PAID:					