CENTER_____ **FY**_____ **Month**_____

SUU Head Start

REF	STUDENT	WK 1 M	WK 1 T	WK 1 W	WK 1 T	WK 1 F	WK 2 M	WK 2 T	WK 2 W	WK 2 T	WK 2 F	WK 3 M	WK 3 T	WK 3 W	WK 3 T	WK 3 F	WK 4 M	WK 4 T	WK 4 W	WK 4 T	WK 4 F	WK 5 M	WK 5 T	WK 5 W	WK 5 T	WK 5 F	TOTALS CODE	TOTALS BREAK	TOTALS LUNCH	TOTALS SNACK	REF
1																															1
2																															2
3																															3
4																															4
5																															5
6																															6
7																															7
8																															8
9																															9
10																															10
11																															11
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19																															19
20																															20
21																															21
22																															22
23																															23
24																															24
	TOTAL CHILDREN B																										C				B
	L																														L
	S																														S
	TOTAL ADULTS B																										A				B
	L																														L
	S																														S

TEACHER_____ ASSISTANT_____ TOTAL # DAYS_____

LEGEND: **B = Breakfast, L = Lunch, S = Snack, * = There that day but not present for the meal**