Montana CACFP

DPHHS-CNP-007
(07/05)

CENTER NAME_____

CHILD & ADULT CARE FOOD PROGRAM - MONTHLY ATTENDANCE RECORD

REDUCED PARTICIPANTS

CONFIDENTIAL INFORMATION

CHILD'S NAME (Last, First)	Date IEF Signed*	JAN ____ year	FEB ____ year	MAR ____ year	APR ____ year	MAY ____ year	JUN ____ year	JUL ____ year	AUG ____ year	SEP ____ year	OCT ____ year	NOV ____ year	DEC ____ year
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*Date of **Parent's** Signature on IEF (Optional)