

Classroom: Bumble Bee (1-2)

Monday, April 10, 2023

Age	Nbr	Child Name	Meals							Time				Parent Initials	Parent Signature
			B	A	L	P	D	E	Att	In	Out	In	Out		
1y 8m	46	Baby, Hercules	X	X	X	X			X						
1y 7m	53	Blonde, Rapunzel	X	X	X	X			X						
1y 4m	75	Frizzle, Mrs	X	X	X	X			X						
1y 8m	45	Groot, I am	X	X	X	X			X						
1y 3m	79	Heeler, Bluey	X	X	X	X			X						
2y 2m	20	Jack, Jack	X	X	X	X			X						
0y 6m	72	Jetson, Judy	W	X	X	X	X		X						
2y 5m	47	Lamb, Lambie	W	X	X	X	X		X						
1y 4m	71	Lost, Dory	X	X	X	X			X						
2y 2m	66	Madrigal, Maribel	X	X	X	X			X						
1y 3m	86	Minion, Bob	X	X	X	X			X						
2y 2m	41	Monster, Boo	X	X	X	X			X						
1y 8m	18	The First, Sophia	X	X	X	X			X						
Totals			13	13	13	13			13						

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: _____ Date: _____

Classroom: Butterflies (3-5)

Monday, April 10, 2023

Age	Nbr	Child Name	Meals							Time				Parent Initials	Parent Signature
			B	A	L	P	D	E	Att	In	Out	In	Out		
4y 8m	34	Aladdin, Prince	X	X	X	X			X						
3y 0m	21	Baby, Boss	X	X	X	X			X						
3y 2m	91	Child, Test	W												
4y 1m	69	Devil, Taz	W	X	X	X	X		X						
3y 1m	17	Duck, Daffy													
3y 0m	68	Hedgehog, Sonic	X	X	X	X			X						
4y 5m	64	Jasmine, Princess	X	X	X	X			X						
5y 4m	25	Kitty, Hello	X	X	X	X			X						
4y 2m	59	Man, Bat	X	X	X	X			X						
5y 3m	67	Moon, Stanley	X	X	X	X			X						
5y 2m	44	Nancy, Fancy	X	X	X	X			X						
3y 0m	56	Pickles, Tommy	X	X	X	X			X						
2y 7m	50	Piggy, Ms.	X	X	X	X			X						
3y 8m	51	Pink, Piglet	X	X	X	X			X						
2y 9m	52	Pooh, Winnie	X	X	X	X			X						
4y 3m	61	Simpson, Bart	X	X	X	X			X						
4y 8m	23	Waialiki, Moana	X	X	X	X			X						
3y 5m	63	Woman, Super	X	X	X	X			X						
4y 4m	19	Yoda, Baby	X	X	X	X			X						
Totals			17	17	17	17			17						

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: _____ Date: _____

Classroom: Infant Room

Monday, April 10, 2023

Age	Nbr	Child Name	Meals							Time				Parent Initials	Parent Signature	
			B	A	L	P	D	E	Att	In	Out	In	Out			
0y 3m	42	De'Ville, Cruella	X	X	X	X										
Totals			1	1	1	1										

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: _____ Date: _____