

**Weekly Paid Attendance Detail**

**BerkyTest License: Center**

Week Of: 4/1/2023 - 4/2/2023 (Mon Mar 27 - Sun Apr 2)

**Sponsor: BerkyKids - Jordans Test**

2142346458

**TX Program No: 21345**

(987) 458-4698

DATE			MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY					
CLASSROOM #:	After Schoolers (6+)		Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P		
13y 1m	37	Bell, Tinker*																										
7y 11m	85	Bird, Tweety*	W																									
9y 7m	29	Bunny, Bugs*																										
7y 10m	78	Coyote, Wile*																										
10y 3m	40	Eric, Prince																										
10y 4m	30	Explorer, Dora																										
12y 0m	32	Frozen, Elsa*																										
10y 3m	84	Fudd, Elmer	W																									
12y 3m	39	Hamada, Hiro	W																									
12y 6m	35	King, Simba																										
13y 4m	36	Lightyear, Buzz																										
5y 9m	28	Little, Chicken*																										
8y 11m	57	McStuffins, Doc	W																									
6y 2m	62	Monster, Cookie*																										
5y 5m	24	Pig, Peppa																										
7y 8m	60	Potter, Harry																										
8y 6m	49	Rivera, Miguel																										
10y 4m	77	Ryder, Flynn																										
7y 2m	83	Smash, Hulk																										
11y 1m	58	Spirit, Fire																										
12y 11m	38	Wazowski, Mike																										
* Special Diet																												
Total Nbr Program Participants:																												
Disallowed:																												
Total Nbr of Program Staff Meals:																												
Total Nbr of Non-Program Meals:																												

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DATE			MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY				
CLASSROOM #:	Bumble Bee (1-2)		Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P					
AGE	NBR	CHILD NAME																									
1y 7m	46	Baby, Hercules*																									
1y 6m	53	Blonde, Rapunzel																									
1y 3m	75	Frizzle, Mrs																									
1y 8m	45	Groot, I am																									
1y 2m	79	Heeler, Bluey																									
2y 2m	20	Jack, Jack*																									
0y 5m	72	Jetson, Judy*	W																								
2y 4m	47	Lamb, Lambie	W																								
1y 3m	71	Lost, Dory																									
2y 1m	66	Madrigal, Maribel																									
1y 2m	86	Minion, Bob*																									
2y 1m	41	Monster, Boo																									
1y 8m	18	The First, Sophia																									
* Special Diet																											
Total Nbr Program Participants:																											
Disallowed:																											
Total Nbr of Program Staff Meals:																											
Total Nbr of Non-Program Meals:																											

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DATE			MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY				
CLASSROOM #:	Butterflies (3-5)		Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P					
AGE	NBR	CHILD NAME																									
4y 8m	34	Aladdin, Prince*																									
3y 0m	21	Baby, Boss*																									
4y 1m	69	Devil, Taz	W																								
3y 1m	17	Duck, Daffy*																									
2y 11m	68	Hedgehog, Sonic																									
4y 4m	64	Jasmine, Princess																									
5y 3m	25	Kitty, Hello																									
4y 1m	59	Man, Bat																									
5y 2m	67	Moon, Stanley																									
5y 2m	44	Nancy, Fancy																									
3y 0m	56	Pickles, Tommy																									
2y 7m	50	Piggy, Ms.																									
3y 7m	51	Pink, Piglet																									
2y 8m	52	Pooh, Winnie																									
4y 2m	61	Simpson, Bart																									
4y 7m	23	Waialiki, Moana																									
3y 4m	63	Woman, Super																									
4y 3m	19	Yoda, Baby																									
* Special Diet			Page 1 Totals:															0									
			Disallowed:																								
Total Nbr Program Participants:																											
			Disallowed:																								
Total Nbr of Program Staff Meals:																											
Total Nbr of Non-Program Meals:																											

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Alternate Form No. 1535

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DATE		MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY									
		Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P		Att	B	L	P						
BerkyTest License: Center Totals:																															
FRP Totals	Free																														
	Reduced																														
	Paid																														
Disallowed:																															