Name of Center: _____

Teacher: _____

Age Group: _____

ATTENDANCE RECORD

Florida Department of Health

Child Care Food Program

Month/Year: _____

For present enter **X**, for absent enter **A**, for terminated enter **T**, for holiday enter **H**, for weekend enter *

Name (last name, first name)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	X	A	T	H
1																																0	0	0	0
2																																0	0	0	0
3																																0	0	0	0
4																																0	0	0	0
5																																0	0	0	0
6																																0	0	0	0
7																																0	0	0	0
8																																0	0	0	0
9																																0	0	0	0
10																																0	0	0	0
11																																0	0	0	0
12																																0	0	0	0
13																																0	0	0	0
14																																0	0	0	0
15																																0	0	0	0
16																																0	0	0	0
17																																0	0	0	0
18																																0	0	0	0
19																																0	0	0	0
20																																0	0	0	0
21																																0	0	0	0
22																																0	0	0	0
23																																0	0	0	0
24																																0	0	0	0
25																																0	0	0	0
TOTAL Present (X)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**			
TOTAL Absent (A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**0**		
TOTAL Terminated (T)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			**0**	
TOTAL Holiday (H)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				**0**
TOTAL Weekend (*)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
																																TOTALS			