CHILD AND ADULT CARE FOOD PROGRAM
TRAINING REGISTRATION AND ACTIVITY REPORT

Contractor Name: NAR, Incorporated	**Program Number:** TX 108-0213 **CE ID Number:** 02935	**Date:**
Location of Training:	**Instructor (s):**	
Training Topics: CACFP Forms, Program Meal Patterns, Meal Counts, Point of Service, Claims Submission, Claims Review Procedures, Record Keeping, Reimbursement System, and Civil Rights		

NAME OF PARTICIPANT (Please print name clearly)	POSITION	SIGNATURE