

(For every meal served, mark "X.")

**SITE & CLASSROOM:** \_\_\_\_\_

|                            |   |  |                         |   |  |                            |   |  |                                                                                       |
|----------------------------|---|--|-------------------------|---|--|----------------------------|---|--|---------------------------------------------------------------------------------------|
| <b>AM SNACK<br/>TOTALS</b> | A |  | <b>LUNCH<br/>TOTALS</b> | A |  | <b>PM SNACK<br/>TOTALS</b> | A |  | <b>Email completed form by 5 PM on Monday to<br/>CACFP.EarlyImpressions@gmail.com</b> |
|                            | B |  |                         | B |  |                            | B |  |                                                                                       |
|                            | C |  |                         | C |  |                            | C |  |                                                                                       |