



Northwest Nutrition Service Attendance In/Out Log

Provider Name: _____ Month: _____ Year: _____

Child's Name: _____ Age: _____

Date	In	Out	In	Out	Meals Served	Parent Signature
1					B A L P D LS	
2					B A L P D LS	
3					B A L P D LS	
4					B A L P D LS	
5					B A L P D LS	
6					B A L P D LS	
7					B A L P D LS	
8					B A L P D LS	
9					B A L P D LS	
10					B A L P D LS	
11					B A L P D LS	
12					B A L P D LS	
13					B A L P D LS	
14					B A L P D LS	
15					B A L P D LS	
16					B A L P D LS	
17					B A L P D LS	
18					B A L P D LS	
19					B A L P D LS	
20					B A L P D LS	
21					B A L P D LS	
22					B A L P D LS	
23					B A L P D LS	
24					B A L P D LS	
25					B A L P D LS	
26					B A L P D LS	
27					B A L P D LS	
28					B A L P D LS	
29					B A L P D LS	
30					B A L P D LS	
31					B A L P D LS	

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