Afterschool Snack Program (ASP)

DAILY ATTENDANCE AND SNACK COUNT RECORD FOR SCHOOLS THAT ARE NOT SITE/AREA ELIGIBLE

School/Site: _____ **Grades:** _____ **Month/Year:** _____

Use a separate sheet for each site. Make copies of this form as needed. Enter the names of children enrolled in the afterschool care program in the left column. For each day the afterschool care program operates, enter the codes below to record student attendance and snacks served:

A = Absent **S** = Received reimbursable snack **N** = Present but did not receive reimbursable snack

Do not complete shaded areas – for school food service program office use only.

Student Name	Date																				
	Eligibility * (F, R or P)	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Total Number FREE (F)																					
Total Number REDUCED (R)																					
Total Number PAID (P)																					

For office use only **Number of Reimbursable Snacks Served for the Month** **FREE:** _____ **REDUCED:** _____ **PAID:** _____

This form is available in PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/snack/aspdailynon.pdf and Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/snack/aspdailynon.doc.

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