

Month:

Name of Center:

MONTHLY SUMMARY

Sheet	Enrollment					Participation				Meals						
	Free	Red	Paid	F/RP	Total	Free	Red	Paid	Total	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Snack	Total
a.																
b.																
c.																
d.																
e.																
f.																
g.																
h.																
i.																
j.																
k.																
Total																