





















**SUMMER FOOD SERVICE PROGRAM  
 WEEKLY ROSTER OF ENROLLED CHILDREN  
 (CAMPS AND ENROLLED SITES ONLY)**

NAME OF SITE: \_\_\_\_\_ WEEK OF \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

<b>Code:</b> <b>E= Eligible</b> <b>IE= Ineligible</b>
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Instructions: This roster must be completed weekly for each enrolled site.  
 It should be turned into the sponsor as required. Indicate each meal served by placing an **X** in the appropriate category.

Name of Child	Date Enrolled	Date																			
		Meals	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	
		Code																			
136																					
137																					
138																					
139																					
140																					
141																					
142																					
143																					
144																					
145																					
146																					
147																					
148																					
149																					
150																					

Total Eligible Meals: \_\_\_\_\_ Total Ineligible Meals: \_\_\_\_\_ Total Eligible 2nd Meals: \_\_\_\_\_ Total Non-Program Adults: \_\_\_\_\_ Total Program Adults: \_\_\_\_\_

I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

\_\_\_\_\_  
 Site Supervisor \_\_\_\_\_  
 Date