





















**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 Code	Saturday			Saturday			Saturday			Saturday			Saturday			Saturday				
			B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S		
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