



**Northeastern  
Child Care Services**

1356 No. Washington Avenue, Scranton PA  
18509  
Phone : (570) 341-0811

I certify that the information submitted on this form is accurate in all respects and that I understand this information is given in connection with the receipt of federal funds. Deliberate misrepresentation may result in state or federal prosecution.

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

WRITE ANY EXPLANATIONS ON  
REVERSE SIDE OF WHITE PAGE.

Child Name	P. TXX OC.	Circle No More Than 3 Per Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																
		B AM L PM S E																																

TOTAL NUMBER OF CHILDREN ENROLLED \_\_\_\_\_

DAILY COUNT OF PROGRAM MEALS SERVED TO ENROLLED CHILDREN

MEAL SERVED	TIME SERVED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
1 BREAKFAST (B)																																		
2 A. M. SNACK (AM)																																		
3 LUNCH (L)																																		
4 P.M. SNACK (PM)																																		
5 SUPPER (S)																																		
6 EVENING SNACK (E)																																		

Office use: \_\_\_\_\_