**Classroom Meals Needed** - Turn in to kitchen daily

DATE:\_\_\_\_\_\_\_\_\_\_\_ SITE:\_\_\_\_\_\_\_\_\_\_ PROGRAM:\_\_\_\_\_\_\_\_\_\_ ROOM:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Breakfast:**Reimbursable | Infant:Total children: | Toddler: Total children: | Pre-School: Total children: | Notes: |
| Non-Reimbursable  | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: |  |
| **AM Snack**Reimbursable | Infant:Total children: | Toddler: Total children: | Pre-School: Total children: |  |
| Non-Reimbursable | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: |  |
| **Lunch:**Reimbursable | Infant:Total children: | Toddler: Total children: | Pre-School: Total children: |  |
| Non-Reimbursable | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: |  |
| **PM Snack:**Reimbursable | Infant:Total children: | Toddler: Total children: | Pre-School: Total children: |  |
| Non-Reimbursable | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: | Model Portions:Volunteer:Parent/Sibling:Paid Visitors: |  |

 ***\*Meal Tickets for visitors or non-volunteers are available for purchase from office. Kitchen must have prior notice of extra meals.***

**\*\* List ALL Infant/Toddler feeding needs daily in Notes section and include Child’s Name.**