School Name:	School #:	Week Beginning:	# of Pages:
Program Name:	Afterschool Coordinator:		Initials:

	Student Name		Date:		Date:		Date:		Date:		Date:	
			Mon		Tue		Wed		Thur		Fri	
	Last	First	Attn	Snk	Attn	Snk	Attn	Snk	Attn	Snk	Attn	Snk
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2												
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28												
29												
30												
		Totals										

Remarks:

Attn: Attendance
Snk: Snack