Summer Food Service Program (SFSP) Enrollment Roster

Site Name:													Week of:						to									
nter each participant's name in the first column. the participant is eligible for the SFSP, enter a "X" in the "E" (i.e. eligible) column next to his/her name. the participant is NOT eligible for the SFSP, enter a "X" in the "I" (i.e. ineligible) column next to his/her name. or each meal that a participant is served, enter a "1" in the appropriate cell for the meal type and day of the week.																												
		Breakfast										Lunch									Supper							
Time First Meal Served																												
Time Last Meal Served																												
Name	Е	ı	М	Т	W	Т	F	S	S	Total	М	Т	W	Т	F	S	S	Total	М	Т	W	Т	F	S	S	Total		
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Total Eligible Meals																												
Total Ineligible Meals																												
Total Meals																												
I (We) CERTIFY that the above set forth in the Summer Food Se	ervice Pi									al, and	d tha	t all o		info	rmati	on sl	nown											