

**AFTERSCHOOL SNACK PROGRAM
(NSLP - Snack)
FIVE-DAY SNACK COUNT**

Site _____ Supervisor _____

Monday	Tuesday	Wednesday	Thursday	Friday
Date _____	Date _____	Date _____	Date _____	Date _____
Snack: _____	Snack: _____	Snack: _____	Snack: _____	Snack: _____
Delivery Time: _____	Delivery Time: _____	Delivery Time: _____	Delivery Time: _____	Delivery Time: _____
First Snacks	First Snacks	First Snacks	First Snacks	First Snacks
1 6 11 16 21	1 6 11 16 21	1 6 11 16 21	1 6 11 16 21	1 6 11 16 21
2 7 12 17 22	2 7 12 17 22	2 7 12 17 22	2 7 12 17 22	2 7 12 17 22
3 8 13 18 23	3 8 13 18 23	3 8 13 18 23	3 8 13 18 23	3 8 13 18 23
4 9 14 19 24	4 9 14 19 24	4 9 14 19 24	4 9 14 19 24	4 9 14 19 24
5 10 15 20 25	5 10 15 20 25	5 10 15 20 25	5 10 15 20 25	5 10 15 20 25
Second Snacks	Second Snacks	Second Snacks	Second Snacks	Second Snacks
1 6 11 16 21	1 6 11 16 21	1 6 11 16 21	1 6 11 16 21	1 6 11 16 21
2 7 12 17 22	2 7 12 17 22	2 7 12 17 22	2 7 12 17 22	2 7 12 17 22
3 8 13 18 23	3 8 13 18 23	3 8 13 18 23	3 8 13 18 23	3 8 13 18 23
4 9 14 19 24	4 9 14 19 24	4 9 14 19 24	4 9 14 19 24	4 9 14 19 24
5 10 15 20 25	5 10 15 20 25	5 10 15 20 25	5 10 15 20 25	5 10 15 20 25
Adult Snacks	Adult Snacks	Adult Snacks	Adult Snacks	Adult Snacks
Program Non-Program	Program Non-Program	Program Non-Program	Program Non-Program	Program Non-Program
1 6 1 6	1 6 1 6	1 6 1 6	1 6 1 6	1 6 1 6
2 7 2 7	2 7 2 7	2 7 2 7	2 7 2 7	2 7 2 7
3 8 3 8	3 8 3 8	3 8 3 8	3 8 3 8	3 8 3 8
4 9 4 9	4 9 4 9	4 9 4 9	4 9 4 9	4 9 4 9
5 10 5 10	5 10 5 10	5 10 5 10	5 10 5 10	5 10 5 10
Total Snacks Received/ Prepared _____	Total Snacks Received/ Prepared _____	Total Snacks Received/ Prepared _____	Total Snacks Received/ Prepared _____	Total Snacks Received/ Prepared _____
Total First Snacks _____	Total First Snacks _____	Total First Snacks _____	Total First Snacks _____	Total First Snacks _____
Total Second Snacks _____	Total Second Snacks _____	Total Second Snacks _____	Total Second Snacks _____	Total Second Snacks _____
Total Program Adult Snacks _____	Total Program Adult Snacks _____	Total Program Adult Snacks _____	Total Program Adult Snacks _____	Total Program Adult Snacks _____
Total Non-Program Adult Snacks _____	Total Non-Program Adult Snacks _____	Total Non-Program Adult Snacks _____	Total Non-Program Adult Snacks _____	Total Non-Program Adult Snacks _____
Total Snacks Served _____	Total Snacks Served _____	Total Snacks Served _____	Total Snacks Served _____	Total Snacks Served _____
Total Damaged/ Incomplete Snacks _____	Total Damaged/ Incomplete Snacks _____	Total Damaged/ Incomplete Snacks _____	Total Damaged/ Incomplete Snacks _____	Total Damaged/ Incomplete Snacks _____
Total Leftover Snacks _____	Total Leftover Snacks _____	Total Leftover Snacks _____	Total Leftover Snacks _____	Total Leftover Snacks _____
Signature of Preparer _____	Signature of Preparer _____	Signature of Preparer _____	Signature of Preparer _____	Signature of Preparer _____
Date _____	Date _____	Date _____	Date _____	Date _____