



Family: _____

Classroom(s): _____



Dairy

Family Member	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Servings
	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	
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	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	D= D= D=	

D = Dairy Serving (1 point per serving)

Please return this tracking slip to school on: _____

Parent Signature: _____