

Name of Provider _____

Holiday Care

Child Nutrition, Inc.

Listed below are the federal holidays observed by Child Nutrition. In order to be reimbursed when you provide care on these holidays, you must **circle the holiday** observed, list each child that you cared for on that holiday, **have the parent sign his/her name** and **include their phone number**. Please send this form with your attendance and menus at the end of the applicable month.

January

New Year's Day

July

Independence Day

November

Thanksgiving

May

Memorial Day

September

Labor Day

December

Christmas Day

| Child's Name | Parent's Signature | Phone Number |
|--------------|--------------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
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