

HOLIDAY CARE FORM ~FAMILIES

This form can be submitted when you know a child's schedule in advance or submitted monthly by the 5th claim due date.
 Required Information: (If this information is incomplete, these changes will not take effect.)

PROVIDER NAME _____ ID #: _____ Phone: _____ Date: _____

ID #'s	Children's Names (and nicknames)	Enter Hours with provider (include am & pm)	
		Arrive	Leave

<input checked="" type="checkbox"/> Check the holiday that applies					
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Memorial Day	<input type="checkbox"/>	Veterans Day
<input type="checkbox"/>	Martin Luther King Day	<input type="checkbox"/>	4 th of July	<input type="checkbox"/>	Thanksgiving Day
<input type="checkbox"/>	President's Day	<input type="checkbox"/>	Labor Day	<input type="checkbox"/>	Day after Thanksgiving
<input type="checkbox"/>	Good Friday	<input type="checkbox"/>	Columbus Day	<input type="checkbox"/>	Christmas Eve
<input type="checkbox"/>	Easter	<input type="checkbox"/>		<input type="checkbox"/>	Christmas Day

Print Parent Name _____ Parent Signature _____ Home Phone _____ Daytime/Work Phone _____

4C Annetta Rutland (513)221-0033

The CACFP is available to all eligible children without regard to race, color, national origin, gender, age or disability. To file a discrimination complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 1400 Independence Avenue, SW, Washington DC, 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.