

## **Holiday Attendance Form**

The following Holidays will be considered by the Sullivan County  
Child Care Council CACFP as "Holidays"

- 1) New Year's Day or observance
- 2) Memorial Day
- 3) July 4, Independence Day
- 4) Labor Day
- 5) Thanksgiving
- 6) Christmas or observance

I \_\_\_\_\_ will be caring for  
name of provider

\_\_\_\_\_ on the following holiday  
child's/children's name

\_\_\_\_\_ time in \_\_\_\_\_ time out \_\_\_\_\_  
name & date of holiday

and serving the following meals (circle all that apply)    B    A    L    P    S    E

\_\_\_\_\_  
parents signature