



CHILD CARE DEVELOPMENT SERVICES
PROMOTING HEALTHY HABITS TO LAST A LIFETIME

HOLIDAY MEALS ATTENDANCE FORM

TO: CHILD CARE DEVELOPMENT SERVICES, INC.

This is to confirm that my child (ren) _____ (names). Were in Child Care at _____ (child care provider) on _____ (holiday and date). If you have any questions, I can be reached at _____ (phone number).

I CONFIRM THE ABOVE TO BE TRUE AND CORRECT

SIGNED _____ (Parent or guardian)

DATE _____

A HOLIDAY MEAL ATTENDANCE FORM IS TO BE USED WHEN THE CHILDREN ARE IN CARE AND MEALS ARE BEING CLAIMED ON THE FOLLOWING HOLIDAYS:

THANKSGIVING

CHRISTMAS

MEMORIAL DAY

4TH OF JULY

LABOR DAY

NEW YEARS DAY

This institution is an equal opportunity provider.