

**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, 4<sup>TH</sup> OF JULY, LABOR DAY, NEW YEAR'S DAY

This institution is an equal opportunity provider.

REV  
11-2015