

Date: \_\_\_\_\_

Dear CACFP Provider:

If you indicated on your Holiday schedule that you would be closed on the following legal holidays: **New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day** and your home was open for care, and claiming reimbursements for meals, you must have the parent of the child or children fill in information below. This form must be mailed in with your menus for the month in which holiday falls for the child/children to be reimbursed.

The information requested is required by the Child and Adult Care Food Program and random calls will be made to parents to verify attendance.

**Please note --- if this form is not submitted with menus, reimbursement will not be made.**

Name of Provider: \_\_\_\_\_  
(Please do not use **Business name**)

I attest that my child/ren attended care on \_\_\_\_\_

Child's Name

Printed Name

Signature

Date

Phone #

<u>Child's Name</u>	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>	<u>Phone #</u>

**Make copies as needed**