



Child Care Provider Holiday List 2011

Provider Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____

Email Address: _____

Please write the **date** that you will be closed. In order to be reimbursed for a Holiday, and “H” must be marked on the attendance sheet for the appropriate day.

Holidays you wish to be reimbursed for:

1. ____ / ____ / ____

2. ____ / ____ / ____

3. ____ / ____ / ____

4. ____ / ____ / ____

5. ____ / ____ / ____

6. ____ / ____ / ____

7. ____ / ____ / ____

8. ____ / ____ / ____

9. ____ / ____ / ____

10. ____ / ____ / ____

11. ____ / ____ / ____

12. ____ / ____ / ____

Authorized Signature: _____ Date: _____