



Child Care Provider Holiday List 2012

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. ____ / ____ / ____

Monday, January 2	New Year's Day
Monday, January 16	Birthday of Martin Luther King, Jr.
Monday, February 20	Washington's Birthday
Monday, May 28	Memorial Day
Wednesday, July 4	Independence Day
Monday, September 3	Labor Day
Monday, October 8	Columbus Day
Monday, November 12	Veterans Day
Thursday, November 22	Thanksgiving Day
Tuesday, December 25	Christmas Day

**Remember you can choose
any 12 days you would like.**

Authorized Signature: _____ Date: _____