

Holiday Care Verification Form

Child Development Health and Nutrition Inc.
P.O. Box 1064
Lakeville, MA 02347
1-800-232-7634



Provider Name _____ Provider ID _____

The following children attended child care on: _____ / _____ / _____
Day Date Holiday

1. _____
Child Name Parent Signature

2. _____
Child Name Parent Signature

3. _____
Child Name Parent Signature

4. _____
Child Name Parent Signature

5. _____
Child Name Parent Signature

6. _____
Child Name Parent Signature

CDHN is required to have a complete HOLIDAY FORM on file for the following holidays; **Martin Luther King Day, Presidents Day, Patriots Day, Columbus Day and Veterans Day every State and Federal holiday a child care provider claims.** This form must be returned by the end of the month in which the holiday falls.

The following Holidays cannot be reimbursed: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day

If you use the Internet to submit your claim you can write your information in the "claim notes" however you still are required to send the Holiday form signed by the parents.