



FRAMAX Holiday Verification Form

This form must be completed and turned in with your claim if you are claiming CACFP meals for the holidays listed below. The form has a place for you to write down the reason the children were in care during a holiday. The statement “Child was in care” is not an acceptable reason. You should explain why the child had to be in child care for the day. The parent must sign this form. The holidays for which you must complete this form are:

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| <ul style="list-style-type: none"> <i>*Martin Luther King Jr. Day</i> <i>*Memorial Day</i> <i>*Thanksgiving</i> | <ul style="list-style-type: none"> <i>*President’s Day</i> <i>*Juneteenth (June 19th)</i> <i>*Thanksgiving Friday</i> <i>*New Year’s Eve</i> | <ul style="list-style-type: none"> <i>*Easter</i> <i>*Independence Day (July 4th)</i> <i>*Christmas Eve</i> <i>*New Year’s Day</i> | <ul style="list-style-type: none"> <i>*Easter Monday</i> <i>*Labor Day</i> <i>*Christmas Day</i> |
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Child’s Name	Date of Care	Time (indicate AM/PM)		Reason the child was in Child Care for Holiday	Parent’s Signature
		In	Out		

I certify that the information on this form is true and correct and is an accurate record of the children I had in attendance on the days indicated. I understand that this information is being given in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes

Provider’s Name Print _____ Signature: _____ Provider Number: _____