WEEKEND AND HOLIDAY CLAIM FORM

THIS SHOULD BE USED FOR ALL WEEKENDS AND TRADITIONAL HOLIDAYS

Provider:	month/year

PLEASE RETURN THIS FORM WITH YOUR MENUS AND ATTENDANCE FORMS AT THE END OF THE MONTH

DATE (Use dates, not x or ✓)	NAMES OF CHILDREN (Brothers and Sisters can be listed in the same box)	TIME IN	TIME OUT	PARENT SIGNATURE	TELEPHONE NUMBERS
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____
SAT.____ SUN.____ HOL. ___					Work: _____ Home: _____