

Frontier Behavioral Health
Child and Adult Care Food Program
Holiday Verification

Provider Name: _____

Provider ID#: _____

This form is required **ONLY** when you care for children on one of the following holidays. Please check the holiday you provide care and have the parent(s) of each child sign the form stating you cared for their child on that day.

☐ New Year's Day
☐ Labor Day

☐ Memorial Day
☐ Thanksgiving Day

☐ 4th of July
☐ Christmas Day

Child's Name	Hours in Care	Parent's Signature

I hereby certify that the above information is accurate in all respects and that these children were in my care on the holiday indicated. I understand that this information is given in connection with the receipt of Federal funds and that institution officials may verify the information. I further understand that deliberate misrepresentation may result in State or Federal Prosecution.

Provider Signature

Date