

**Children's Hunger Alliance
Weekend/Holiday Care Log**

Instructions: Complete for Children in attendance for any weekend days (Saturday/Sunday) or any of the following holidays: Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day.

Month/Year:

Fax: 614-396-7625

Provider's Name (Please Print)

Child's Name & Child Number: (Please Print)

Provider's ID Number:

Child's Name & Child Number: (Please Print)

Provider's Phone Number:

Child's Name & Child Number: (Please Print)

Parent's Name: (Please Print)

Child's Name & Child Number: (Please Print)

Day	IN AM/PM	OUT AM/PM
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Day	IN AM/PM	OUT AM/PM
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

*Parents please sign and date at end of month.

Parent's Signature:

Parent's Day Phone Number: Date:

*Families with up to four children may use one form. If there are more than four children per family an additional form should be used.

*Providers claiming Holiday/Weekend children (own and foster children included) must complete and submit this form along with menu/attendance forms in order to be reimbursed.

*Providers should make a copy of this form for private records before submission with the claim.

*Providers who claim online must also complete and submit this form in order to be reimbursed.

*Additional copies of this form should be made for future claim months.

"USDA is an equal opportunity provider and employer."