

Paid Days of Non-operation

July 1st, **2010** to June 30th, **2011**

Please check off **and/or** write out a specific date when day care is **closed** for service and child care **payment is required** from all families including private-pay families **up to or less than ten (10) days.**

2010	2011
<input type="checkbox"/> _____ Independence Day (July 4th)	<input type="checkbox"/> _____ New Year's Eve
<input type="checkbox"/> _____ Labor Day	<input type="checkbox"/> _____ New Year's day
<input type="checkbox"/> _____ Columbus Day	<input type="checkbox"/> _____ M. L. King Jr.'s Birthday
<input type="checkbox"/> _____ Veteran's Day	<input type="checkbox"/> _____ Lincoln's Birthday
<input type="checkbox"/> _____ Thanksgiving Day	<input type="checkbox"/> _____ President's Day
<input type="checkbox"/> _____ Thanksgiving Day-Friday after	<input type="checkbox"/> _____ Washington's Birthday
<input type="checkbox"/> _____ Christmas Eve	<input type="checkbox"/> _____ Good Friday
<input type="checkbox"/> _____ Christmas Day	<input type="checkbox"/> _____ Memorial Day

Other(s): (Please list it below)

Importance: If you indicate more than ten (10) days, we can ONLY apply the first ten (10) days written on or checked off on this form.

Provider name/Facility name	Provider ID #
Center director's name	Phone number []
Main Address	<u>Mailing</u> Address
City, State, Zip code	City, State, Zip code

Provider signature

Date