

**ACTION FOR CHILDREN  
WEEKEND/HOLIDAY  
VERIFICATION SHEET**

Complete for children in attendance for any weekend days (Saturday/Sunday) or any of the following holidays: Martin Luther King's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Years Day.

**MONTH:**

|   |                     |                      |                                   |                     |                      |
|---|---------------------|----------------------|-----------------------------------|---------------------|----------------------|
| Provider's Name & ID# (Please Print)          |                     |                      | Child's Name & ID# (Please Print) |                     |                      |
| Provider's Phone #                            |                     |                      | Child's Name & ID# (Please Print) |                     |                      |
| Parent's Name (Please Print)                  |                     |                      | Child's Name & ID# (Please Print) |                     |                      |
| <b>DAY</b>                                    | <b>IN<br/>AM/PM</b> | <b>OUT<br/>AM/PM</b> | <b>DAY</b>                        | <b>IN<br/>AM/PM</b> | <b>OUT<br/>AM/PM</b> |
| 1   |                     |                      | 17                                |                     |                      |
| 2   |                     |                      | 18                                |                     |                      |
| 3   |                     |                      | 19                                |                     |                      |
| 4   |                     |                      | 20                                |                     |                      |
| 5   |                     |                      | 21                                |                     |                      |
| 6   |                     |                      | 22                                |                     |                      |
| 7   |                     |                      | 23                                |                     |                      |
| 8   |                     |                      | 24                                |                     |                      |
| 9   |                     |                      | 25                                |                     |                      |
| 10  |                     |                      | 26                                |                     |                      |
| 11  |                     |                      | 27                                |                     |                      |
| 12  |                     |                      | 28                                |                     |                      |
| 13  |                     |                      | 29                                |                     |                      |
| 14  |                     |                      | 30                                |                     |                      |
| 15  |                     |                      | 31                                |                     |                      |
| 16  |                     |                      | Total                             |                     |                      |
|   |                     |                      |                                   |                     |                      |
| *Parents please sign and date at end of month |                     |                      |                                   |                     |                      |
| Parent's Signature:                           |                     |                      | Day Phone #                       | Date                |                      |