



CHAUTAUQUA OPPORTUNITIES, INC.

A COMMUNITY ACTION PARTNERSHIP



Helping people. Changing lives.

Parent Verification of child attendance on Holiday: _____ (list Holiday)

Child Name	Time In	Time Out	Parent Name	Parent Signature

I, _____ (print name), verify that my child care business was open on _____ (date), which is a recognized Holiday.

Provider Name: _____ CACFP ID # _____

Provider Signature: _____ Date: _____

For Office Use Only	Date Received:	Sponsor Initials:	
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CACFP

Chautauqua Child Care Council
 Resource & Referral
 402 Chandler Street, Jamestown, NY 14701
 (716) 661-9430 FAX (716) 661-9436

Family Day Care Registration