Nutrition Works
1607 W. Jefferson, Boise, ID 83702

*HOLIDAY ATTENDANCE FORM

Center Name: _____

Holiday: _____ **Date:** _____

Name of Child	In	Out	Parent's Signature	Parent's Phone #

Remember to notify your food program reviewer ***and Nutrition Work's director (208-336-5533 x280) at least one day ***before*** the holiday that you will be claiming.**
Mail/fax/scan this form to Nutrition Works before or with your food program claim for the month in which the holiday falls.

Address: Nutrition Works, 1607 W. Jefferson, Boise, ID 83702 ***Fax***: (208) 336-0880
E-mail: bwilson@mtnstatesgroup.org

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