

ATTACHMENT 4.2 ADDITIONAL HOLIDAYS

✓	HOLIDAY	Parent A: _____ (same parent's name as in paragraph 3.1)	Parent B: _____ (same parent's name as in paragraph 3.1)
☐	Other holiday or day of significance to the family: _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Other Plan: _____ _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years
☐	Other holiday or day of significance to the family: _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Other Plan: _____ _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years

☐	Other holiday or day of significance to the family: _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Other Plan: _____ _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years
☐	Other holiday or day of significance to the family: _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Other Plan: _____ _____	Begin day and time: _____ End day and time: _____ <input type="checkbox"/> Every Year <input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years