

18. **Holidays**

<b>New Year's Eve</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>New Year's Day</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Super</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Forever</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Memorial Day</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>July 4<sup>th</sup></b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Labour Day</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Thanksgiving</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Christmas Eve</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Christmas Day</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Other _____</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
<b>Other _____</b>	<input type="checkbox"/> All Day	<input type="checkbox"/> From _____	<input type="checkbox"/> to _____	<input type="checkbox"/> on _____
Mother:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years
Father:	<input type="checkbox"/> Every Year	<input type="checkbox"/> Even Years	<input type="checkbox"/> Even Years	<input type="checkbox"/> Odd Years