

NOTICE OF NEW OR CHANGE OF PROVIDERS

You must complete a separate form for each child care site.

Please tell us before you make any changes in child care providers. If you do not tell us of the change before care begins at the new child care site, you may not be approved for child care at the new site. You may be responsible for payment to the provider for any care received at the new site prior to child care being authorized by your technician.

Your Name: _____ Address: _____
 _____ (New addresses require verification)

Home Phone #: _____ Work Phone #: _____

Current (Old) Provider Information

Name: _____

License # (center or home): _____ Phone # _____

* The amount \$ _____ and date ____/____/____ of last parental fee.

**** The last day of care with this provider: Date: ____/____/____**

Will the new provider be providing care in addition to the current/old provider: Y _____ N _____

New Provider Information

Type of provider: Child Care Center Licensed Home Approved Qualified Provider
 Relative, Friend, Neighbor or Other Non-Licensed Person

Name: _____

Address: _____ City / Zip: _____

License # (center or home): _____ Phone #: _____

****Date care will start with your new provider: Date: ____/____/____ ****

*If your child needs care on non-school days, please circle yes or no below

Childs Name	*Non-school days	Sun Care hours	Mon. Care hours	Tues. Care hours	Wed. Care hours	Thurs. Care hours	Fri. Care hours	Sat. Care hours
	Y or N	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	Y or N	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	Y or N	am pm	am pm	am pm	am pm	am pm	am pm	am pm
	Y or N	am pm	am pm	am pm	am pm	am pm	am pm	am pm

Reason for this change: _____

Signature: _____

Date: _____