□ New Provider  
□ Change of Provider  
□ Provider Schedule Change

**CCAP Parents or Adults Caretaker Please Note:**

❖ You must allow 10 days notice to your CCAP worker to change providers. Including changes for non-school days/breaks. Contact your CCAP caseworker in an emergency situation.

❖ You must contact your child care provider directly regarding the amount of notice– you may have signed a contract that specifies a required Notice period (ex: “2 weeks’ notice”).

❖ You must have paid your parent fee in full or have made acceptable payment arrangements before you can change providers. This will be verified with your current provider.

Parent/Caretaker Name: ______________________________________

Current Provider: __________________________ End Date with Current Provider: ______________

New Provider Name: ______________________________________

New Provider License Number: __________________________

Phone: __________________________ Fax number: __________________________

Director/Contact: ______________ Start Date with New Provider: ______________

For School Age Children/ Name of Elementary School: __________________________

School Start/End Date: __________________________

Care Needed For (✓ all that apply):  □ Before School  □ After School  □ Before/After School  □ Remote learning  □ Hybrid Schedule

Notes: (list children’s names, schedule, and/or any other specifics use additional form if needed):

________________________________________________________________________

________________________________________________________________________

Parent/Caretaker Signature: __________________________ Date: ______________