

- 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.**

CCAP Worker Name or Ext: \_\_\_\_\_

CCAP Client’s Name: \_\_\_\_\_

Current Provider: \_\_\_\_\_ End Date w/Current Provider: \_\_\_\_\_  
(if applies) (if applies)

New Provider Name: \_\_\_\_\_

New Provider License Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Director/Contact: \_\_\_\_\_ Start Date w/New Provider: \_\_\_\_\_

**For School Age Children/** Name of Elementary School: \_\_\_\_\_

School Start/End Date: \_\_\_\_\_  
(Circle one)

Care Needed For (✓ all that apply):  Before School  After School

**Notes:** ( list children’s names, schedule, and/or any other specifics use back if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CCAP Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_