

## REQUEST TO END CHILD CARE SERVICES / PROVIDER CHANGE REQUEST

(This form is to be completed, dated, and submitted by the parent. All questions must be completed in order for request to be processed. If a question does not apply write N/A.)

Parent Name:		D#	_ Phone # <b>( )</b> _		
Address:					
		City	State	Zip Co	ode
Current Provider/Center: Provider ID #					
Select One:					
☐ Changing Provider ☐ Adding an Ever					
If changing Provider: The following child (ren) will no longer be attending the above named child care facility:					
1D.	O.B 4	•	D.O.B		
2D.0	O.B 5		D.O.B		
3D.0	O.B6	•	D.O.B		
Last day of childcare services with the provider listed above is  (Month/Day/Year)					
NEW PROVIDER INFORMATION					
Name: Provider ID# (if applicable):					
			. Ст. шет т. д. (п. аррис		
Address:		City	State	Zip Co	de
Contact Person:	Phone #:	v	/ork/Message #: _		
<ul> <li>□ LICENSED BY THE STATE OF CALIFORNIA TO PROVIDE CHILDCARE SERVICES</li> <li>Is Provider licensed to care for your child(ren)'s age group?</li> <li>□ Yes</li> <li>□ No</li> <li>Will the provider exceed their maximum capacity by caring for your child(ren)?</li> <li>□ Yes</li> <li>□ No</li> </ul>					
□ Non-Licensed (EXEMPT)  Relationship to child(ren):					
Does provider have a valid s	social security number	er?		□ Yes	□ No
Is the provider 18 years of age or older?				□ Yes	□ No
Where will care be provided	? □ Provider's Hor	me □ Oth	er		
If non-relative, is provider providing care for another non-relative child(ren) with Crystal Stairs? ☐ Yes ☐ No					
FOR OFFICE USE ONLY:	PCD Requi	red: ☐ Yes ☐ No	If Yes: PCD # Requ	uested:	
Date Rcvd// Verified By:	Spo	ke With:	Fundin	g Source: _	
Comments:					
Request Received By:	Request Rcvd Via:   Ca	II □ MaiI □ Fa	x 🗆 Dept. Request	Date:	
I have notified my current provider that the above named children will no longer be attending their childcare facility. Should I decide not to change providers or if I change the last day of services with the provider, I must notify my Family Services Specialist immediately. If I do not give my current provider timely notification, or I do not inform my Specialist timely, I understand I will be responsible for any childcare payments owed to the provider and for any childcare services used without prior authorization.					
Parent Signature			Date		