



New Provider    Change of Provider    Schedule Change    Re-determination/Application

CCAP Client's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child 1 Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Provider Email/Phone #: \_\_\_\_\_

Type of Care: FT  PT  Will this child attend UPK: YES  NO  How many hours a week: \_\_\_\_\_

School Aged: YES  NO  BEFORE ONLY  AFTER ONLY  B/A  FT NON-SCHOOL DAYS  FT SUMMER

Child 1 Age: \_\_\_\_\_ Will this child attend kindergarten (public/private facility) in August: YES  NO

School Name and District: \_\_\_\_\_

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CCAP Schedule (if all day)							
CCAP Morning Hours							
CCAP Afternoon Hours							
CCAP Early Release							
CCAP Non-school Days (breaks, holidays, or summer) Hours							
UPK Hours per Day							

If this is a change in childcare, please end date care at \_\_\_\_\_ as of \_\_\_\_\_

(Provider Name)

(Date)

Child 2 Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Provider Email/Phone #: \_\_\_\_\_

Type of Care: FT  PT  Will this child attend UPK: YES  NO  How many hours a week: \_\_\_\_\_

School Aged: YES  NO  BEFORE ONLY  AFTER ONLY  B/A  FT NON-SCHOOL DAYS  FT SUMMER

Child 2 Age: \_\_\_\_\_ Will this child attend kindergarten (public/private facility) in August: YES  NO

School Name and District: \_\_\_\_\_



Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CCAP Schedule (if all day)							
CCAP Morning Hours							
CCAP Afternoon Hours							
CCAP Early Release							
CCAP Non-school Days (breaks, holidays, or summer) Hours							
UPK Hours per Day							

If this is a change in childcare, please end date care at \_\_\_\_\_ as of \_\_\_\_\_  
 (Provider Name) (Date)

Child 3 Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Provider Email/Phone #: \_\_\_\_\_

Type of Care: FT  PT  Will this child attend UPK: YES  NO  How many hours a week: \_\_\_\_\_

School Aged: YES  NO  BEFORE ONLY  AFTER ONLY  B/A  FT NON-SCHOOL DAYS  FT SUMMER

Child 3 Age: \_\_\_\_\_ Will this child attend kindergarten (public/private facility) in August: YES  NO

School Name and District: \_\_\_\_\_

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CCAP Schedule (if all day)							
CCAP Morning Hours							
CCAP Afternoon Hours							
CCAP Early Release							
CCAP Non-school Days (breaks, holidays, or summer) Hours							
UPK Hours per Day							

If this is a change in childcare, please end date care at \_\_\_\_\_ as of \_\_\_\_\_  
 (Provider Name) (Date)



Child 4 Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Provider Email/Phone #: \_\_\_\_\_

Type of Care: FT  PT  Will this child attend UPK: YES  NO  How many hours a week: \_\_\_\_\_

School Aged: YES  NO  BEFORE ONLY  AFTER ONLY  B/A  FT NON-SCHOOL DAYS  FT SUMMER

Child 4 Age: \_\_\_\_\_ Will this child attend kindergarten (public/private facility) in August: YES  NO

School Name and District: \_\_\_\_\_

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CCAP Schedule (if all day)							
CCAP Morning Hours							
CCAP Afternoon Hours							
CCAP Early Release							
CCAP Non-school Days (breaks, holidays, or summer) Hours							
UPK Hours per Day							

If this is a change in childcare, please end date care at \_\_\_\_\_ as of \_\_\_\_\_

(Provider Name)

(Date)