



Phone: 720-523-2337

Email: AdamsCCAP@adcogov.org

Fax720-523-2201

□ New F	Provider	□Change o	f Provider	□Schedule	Change	□Re-determ	ination/Ap
CCAP Parent's Name:							
Parent Signature:					Date:		
Child's Name:				Start	Date:		
CCAP Provider Name:_				Licer	nse Number: _		
Provider Email/Phone	#:						
ype of Care: FT □PT [		Will this child	attend UPK: YE	S□NO□ <b>How</b> r	nany hours a	week:	
School Aged: YES□ NO		Circle All Type	e(s) of Care: Before	re Only After Or	nly B/A FT N	Ion-School Days	FT Summer
Child's Age:		Will this child	attend kinderga	arten (public/pri	vate facility)	in August: YES 🗆 N	NO 🗆
School Name and Distr	ict:						
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CCAP Schedule (if all day)	,	, accur,	, and the second second	,	,,,,,,,	outui uu,	,
CCAP Before School Hours							
CCAP After School Hours							
CCAP Early Release							
CCAP Non- school Days (breaks & holidays)							
CCAP Summer Hours							
UPK Hours per Day							
f this is a <b>permanent</b> ch	nange in chi	ldcare, please enc	d date care at		as (	of	
		(Provider Name) (Date)					)
f this is a <b>temporary</b> ch	ange in chi	ldcare, please end	date care at		as (	of	
			(	Provider Name)		(Date	)
estart care at		as of					
	ovider Nam		(Date)				





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Child's Name:				Start	:Date:					
CCAP Provider Nam	ne:			Licer	nse Number:					
Provider Email/Pho	ne#:									
ype of Care: FT □					nany hours a	week:				
chool Aged: YES□	NO□		Will this child attend UPK: YES □ NO □ How many hours a week:  Circle All Type(s) of Care: Before Only After Only B/A FT Non-School Days FT Summer							
hild's Age:		Will this child	d attend kinderg	arten (public/pri	vate facility)	in August: YES 🗆 N	NO 🗆			
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CCAP After School Hours										
CCAP Early Release										
CCAP Non- school Days (breaks & holidays)										
CCAP Summer Hours										
UPK Hours per Day										
f this is a permanen	t change in chi	dcare, please end				of				
			(	(Provider Name)		(Date	)			
f this is a temporary	change in chil	dcare, please end			as					
			(	(Provider Name)		(Date	)			
estart care at		as of _		<u> </u>						
	(Provider Nam	e)	(Date)							





☐ New Provider		□ Change of Provider □ Schedule Change □ Re-determination					nation/Appl		
CAP Parent's Nam	ne:								
arent Signature:				Date	:				
AP Provider Nam	ne:			Licer	nse Number: _				
ovider Email/Pho	one #:								
pe of Care: FT 🗆			attend UPK: YES		many hours a v	week:			
school Aged: YES□ NO□		Circle All Type(s) of Care: Before Only After Only B/A FT Non-School Days FT Summer							
ild's Age:		Will this child	attend kindergar	ten (public/pri	vate facility) ii	n August: YES 🗆 N	ю 🗆		
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	_								
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CCAP Before									
School Hours									
CCAP After School Hours									
CCAP Early Release									
CCAP Non- school Days (breaks &									
nolidays) CCAP									
Summer Hours									
UPK Hours per Day									
his is a permaner	nt change in chil	dcare, please end	date care at		as o	f			
			(P	rovider Name)		(Date	)		
this is a temporary	change in chile	dcare, please end	date care at		as o	f	an		
			(P	rovider Name)		(Date	)		
start care at		as of							
			(Date)						





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Type of Care: FT □P					nany hours a	week:			
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School									
Hours CCAP After									
School Hours									
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	(Provider Name)					(Date)			
If this is a temporary	change in child	dcare inlease end	date care at		20	of	5	and	
this is a temporary	cange in crim	acare, predoc end	(Provider Name)			(Date)			
restart care at		as of							
		e)							
(1)		<del>-</del> ,	(Date)						