

Child Care Center Change Request

pe of Change: Initial Case Termination Case Termination

Case Name:	First	Middle	Last		Case Number:	ber:		Request	Requested Start Date of Care:
oureet Address:			<u>.</u>	City:		10	State:		Zip Code
Provider Name:				Provider Address:	- j	,	,	Provider Vendor Number/ State Id:	
Columbus	S	panish Immersion	ion LK	3940 Karl Kd. Cols	e	d. (als ()# 43224		190
Household Composition	First Name	ame	La	Last Name	Gender	Social Security	Date of Birth		
Male Adult						- Tanana	APA TIOINI	<u>I</u> cal	- 11
Female Adult									
1 st Child					-				- [
2 nd Child									
3 rd Child									
4 th Child									
5 th Child									
6 th Child									
7 th Child									
8 th Child									- 1
Instructions for change:	rge:	olace.	the at	od i ohi		To	The		· ·
Calumbi hans "	neotios	4 4 0	Capa y	in Semis		1685-5891	Mast.		~~ #
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he undersigned parent/order to initiate services, ne processing of the char	sustomer hereby ackno to add children, and/o nge. By signing this for	wledges that a Chil to change a scheda m, I certify that the	d Care Center Chang ule, and that the fail information contain	The undersigned parent/customer hereby acknowledges that a Child Care Center Change Request form must be signed in order to initiate services, to add children, and/or to change a schedule, and that the failure to sign may delay or prevent the processing of the change. By signing this form, I certify that the information contained herein is true and accurate, and	로 -	L. Simmons	MONS	Telephone Number 1989 - 365 - 199	1-365-58
understand that i will be held responsible for any overpayment that occurs as a result of having provide and/or misleading information. No signature helps also serves as authorization for (Gravides Name).	held responsible for an ation.	y overpayment that	occurs as a result o	understand that I will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information. My signature helpwalen serves as authorization for (Bravider Name)	ga þvarð verð verð gara gara gara gar	Parent/Customer Signature X	Signature		
to provide FCDJFS with information ne evaluate the delivery of said care. Any to state and federal law. This authorized the same of the sa	formation necessary to aid care. Any informating this authorization shaler using ink)	determine eligibilit on shared pursuant l remain in effect, a	y for publicly funde to this document s needed, unless rev	to provide FCDJFS with information necessary to determine eligibility for publicly funded child care, and/or to monitor or evaluate the delivery of said care. Any information shared pursuant to this document shall remain confidential according to state and federal law. This authorization shall remain in effect, as needed, unless revoked by me in writing. (To be signed by parent/customer using ink)	1	Parent/Customer	er Name PRINTED		ı
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