



Voluntary Reduction in Child Care Request Form



Please complete this form and provide documentation in order to request a reduction in child care. Requests MUST be in writing. Your child care will be reduced once this form and required documents are received. Please note: you are eligible to continue to receive child care services at your current level until the reduction is effective.

Please indicate the date you would like the reduction to be effective: _____

Please write the reduced child care schedule below. Please indicate days and circle AM or PM :

Set Schedule

Monday _____ to _____ AM / PM
Tuesday _____ to _____ AM / PM
Wednesday _____ to _____ AM / PM
Thursday _____ to _____ AM / PM
Friday _____ to _____ AM / PM
Saturday _____ to _____ AM / PM
Sunday _____ to _____ AM / PM

Variable Schedule

Mon Tues Wed Thurs Fri Sat Sun
Min ___ - Max ___ # of days/week
Min ___ - Max ___ # of hours/day
Earliest start time _____ am/pm
Last stop time _____ am/pm

Please list the children that this reduction will affect:

Declaration: Please explain why you are requesting a reduction in child care:

Documentation required to support request:

- Employment Verification Job Seek Agreement Student Documents Self-Statement
 Other: _____

By signing below, under penalty of perjury, you acknowledge that you are voluntarily requesting to reduce your child care services and that you understand child care services will remain in effect at their current level until the reduction is effective.

(Parent signature)

(Print parent name)

(Date)

Office Use Only:

Copy sent with NOA for Change _____
CW Initials Date

11/01/17