



# 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