

**CHANGE OF CHILD CARE PROVIDER NOTICE**

Please thoroughly complete all of the following information.

**FSS:** \_\_\_\_\_

Case Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Print parent's first and last name

Child(ren): \_\_\_\_\_  
Print the name(s) of the child(ren) ending services with this provider

**PROVIDER INFORMATION (provider who will stop providing care)**

Provider's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (including applicable unit number) City Zip Code

**ALL QUESTIONS MUST BE ANSWERED**

What was/will be the last day of child care by this provider? \_\_\_\_\_

What is the last day this provider expects payment for the child(ren)? \_\_\_\_\_

Please Note: SFCS DOES NOT pay notice period when the child is not attending.

Has provider collected all Family Fees due?  yes  no / If no, amount due \$ \_\_\_\_\_

Have parent and provider signed a payment agreement for the amount due?  yes  no

Please attach a copy of the signed payment agreement to this form

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

COMMENTS: \_\_\_\_\_

**OFFICE USE ONLY**

Date Notice was given and person giving notice (parent/provider):

Last day of payment by SFCS:

COMMENTS: \_\_\_\_\_

Solano Family & Children's Services promotes and advocates for the well-being of children, their families, and child care providers by offering access to a variety of child care resources.