



# Community Child Care Council (4Cs) of Alameda County

*Providing Services to Families, Children, and Childcare Professionals since 1972*

## PARENT CHANGE OF ADDRESS FORM

Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for change \_\_\_\_\_

Please identify if the new address is your mailing or living address

Living

Mailing

Mailing/Living

Parent's Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Old Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Signature: \_\_\_\_\_

System Updated By \_\_\_\_\_  
Staff Received : \_\_\_\_\_  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor Approved \_\_\_\_\_

**You must present your photo identification card with this form to confirm the authorization of the change**