



Community Child Care Council (4Cs) of Alameda County

REQUEST TO REDUCE CHILD CARE HOURS

I, _____, am making a voluntary request to reduce the hours of child care currently authorized by 4Cs of Alameda County.

I'm requesting change for the following child(ren):

A) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

B) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

C) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

By signing this form, I acknowledge that I understand my right to continue using care based on my current authorized hours of care. However, I understand that I am requesting a reduction in authorized hours of care and this request is voluntary.

Parent Name (Print):	Family ID:
Parent Signature:	Date:

Date NOA Sent: _____ Specialist Initials: _____