

PARENT'S CHANGE OF PROVIDER FORM

No Changes will take place if there is an outstanding co-pay

Worker's Name:		Record #:
Parent's Name:		
Last 4 of Parent's SSN:		Telephone #:
Child/Children's Name(s) & Age(s)		

Old provider:	
Old Provider's address:	
Old Provider's Tel#:	Old Provider's Relation to child/children:
Last day attended:	Co-Pay Status:

New provider:	Johnson Childcare Center Inc		
New Provider's address:	1935 Medary Ave Philadelphia PA 19141		
New Provider's Tel. #:	215-927-6677	New Provider's Relation to child/children:	Center
Start Date:	Co-Pay Status:		

PROVIDER CARE SCHEDULE							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time:							
End Time:							

ADDITIONAL INFORMATION NEEDED FOR SCHOOL-AGED CHILDREN						
Child/Children's Name(s):						
	Monday	Tuesday	Wednesday	Thursday	Friday	
Please select type of school instruction	<input type="checkbox"/> In-Person	<input type="checkbox"/> In-Person	<input type="checkbox"/> In-Person	<input type="checkbox"/> In-Person	<input type="checkbox"/> In-Person	<input type="checkbox"/> In-Person
	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home
	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider

Parent's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

**Parent and Provider cannot reside in the same household under no circumstances and receive payment*

