

Choices for Children



Child Development Incorporated

20 Great Oaks Blvd., Suite 200
San Jose CA 95119

Family's Right to Voluntarily Reduce Hours

Parent/Caretaker Information

Name of Parent: _____

Phone Number: _____

Address: _____

Child Care Counselor: _____

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 child care services 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. (Title 5, § 18084.2)

<i>Parent Signature</i>	<i>Date</i>
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<i>Office Use Only:</i> <i>Received Date:</i>
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