



CHILDCARE RESOURCES
 1904 FIRST AVENUE NORTH BIRMINGHAM, AL 35203

SUPPLEMENTAL CHILD CARE PROGRAM (SCCP)

PROVIDER CHANGE FORM

BUSINESS NAME (on file) _____ **SSN/FEIN #** _____

Please indicate those items which need to be changed, sign and return to Childcare Resources.
 Name, location address and/or # changes require a new W-9 form and a new license or letter of exemption.

BUSINESS NAME _____ **SSN/FEIN #** _____

STREET _____

CITY/STATE _____ **ZIP** _____ **COUNTY** _____

MAILING ADDRESS (if different from the above) _____

PHONE _____ **ALTERNATE** _____ **FAX** _____

EMAIL _____ **WEB SITE** _____

CONTACT PERSON _____ **POSITION** _____ **OWNER** _____

DAYS OF OPERATION S M T W T F S **OPERATING HOURS** _____ **TO** _____

LICENSED as Center Family Home Group Home **EXEMPT as** Church (name) _____ Other _____

PLEASE COMPLETE, averaging rates by Level and circling weekly or monthly.

Level(s) of Care Provided	FULL-TIME RATES (for care averaging more than 25 hours per week)	PART-TIME RATES (for care averaging 25, or fewer, hours per week)		
		Normal	Before/After School	Other
Infant/Toddler (Under 2 ½)	weekly monthly	weekly monthly	XXXXXXXXXX	
Preschool (2 ½ to School-Age)	weekly monthly	weekly monthly		
School Age	weekly monthly	weekly monthly		

SIBLING DISCOUNTS: Please list any discount you give to families who have more than one child enrolled:
 \$ _____ or _____ % per extra child per week for full-time care and \$ _____ or _____ % per child for part-time care.
 List any other discounts, you give _____

CLOSURE/HOLIDAY DATES (13 within 12 months September/August)

1	4	7	10	13
2	5	8	11	
3	6	9	12	

I certify that the statements made and information provided, on or with this registration, are true and correct.

Signature of Owner or Director _____ Date _____

Please print the above name _____