



# Changing Tides Family Services.

2379 Myrtle Avenue  
Eureka, CA 95501  
(707) 444-8293  
(707) 444-8298 fax  
www.changingtidesfs.org

## Request for Change or End of Child Care Services

Date: \_\_\_\_\_ Case Manager \_\_\_\_\_

Parent Names: \_\_\_\_\_

Children Names: \_\_\_\_\_

I am voluntarily requesting a change in my child care services for the above listed child(ren).

### Change in Schedule:

I am requesting that my services be changed effective: \_\_\_\_\_

I would like to change the Non-School Schedule only Yes  No

I would like to Change my School Schedule only (for children enrolled in school) Yes  No

I would like my schedule of services to be the following:

Non-School Schedule

School Schedule

Sunday: \_\_\_\_\_

\_\_\_\_\_

Monday: \_\_\_\_\_

\_\_\_\_\_

Tuesday: \_\_\_\_\_

\_\_\_\_\_

Wednesday: \_\_\_\_\_

\_\_\_\_\_

Thursday: \_\_\_\_\_

\_\_\_\_\_

Friday: \_\_\_\_\_

\_\_\_\_\_

Saturday: \_\_\_\_\_

\_\_\_\_\_

### End of Service

I would like to request that services end for all enrolled children effective: \_\_\_\_\_.

### Statement of Understanding

The California Department of Social Services requires Changing Tides Family Services to inform you that you may change your schedule back to the previous schedule, within the current certification period, if requested. You can also re-apply for services at a future date if you end services now. I have heard/or read the above information and I understand that this is a voluntary request to change or end my child care schedule.

I declare under penalty of perjury under the laws of the United States and the State of California that this information is complete and accurate.

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

Date: \_\_\_\_\_