



# Alameda County Pilot Program Request to Reduce Child Care Hours Form (01/01/18)

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I, \_\_\_\_\_, am making a voluntary request to reduce the hours of child care currently authorized.

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

<b>A) Child Name:</b>			Date of Birth:	
<b>Current Schedule</b>			<b>New Schedule</b> (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>B) Child Name:</b>			Date of Birth:	
<b>Current Schedule</b>			<b>New Schedule</b> (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>C) Child Name:</b>			Date of Birth:	
<b>Current Schedule</b>			<b>New Schedule</b> (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)

<b>Parent Name (Print):</b>	<b>Family ID:</b>
<b>Parent Signature:</b>	<b>Date:</b>

Date NOA Sent: \_\_\_\_\_ Staff Initials: \_\_\_\_\_