SRCS CHILD CARE PROGRAM CHANGE / DROP / VACATION CREDIT WRITTEN NOTICE FORM

(This form is due by the last day of the month or a two-week notice is required.)

	Date Received
	Staff Initial
FIRST	MIDDLE INITIAL
-HV (<u>cthomases@srcs.k</u>	12.ca.us) Cami PT & HV
Lindsey-AC	
nerican Charter-FAC (<u>rgue</u>	eretta@srcs.k12.ca.us) Rosie CCLA & FAC
e following informati	on if changed:
ew Phone Number	YES NO
elephone:	Cell Number:
ITY	ZIP CODE
	12.5 hours per week
	•
AM DRO	_
Kinder C	are Drop-In
DROP:	
*Effective date: _	
*Effective date: _	
	e following informative Phone Number