Rhode Island Department of Human Services

Office of Child Care – Child Care Assistance Program (CCAP)

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

Enrollment Request Form

Please check one: ☐ Enroll ☐ Disenroll ☐ Change Schedule

Provider Information

CCAP Provider ID	
Provider Name	
Where is care provided? ☐ Center ☐ Provider's home ☐ Child's home	Are you related to the child? ☐ No ☐ Yes

Family Information

Certificate Number		
Child Name	Date of Birth	☐ CCAP for Child Care Pilot
Child Name	Date of Birth	☐ CCAP for Child Care Pilot
Child Name	Date of Birth	☐ CCAP for Child Care Pilot

Enroll or Change Schedule

Effective Date

Disenroll

Effective Date (Child's Last Day)

Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time A							
End Time A							
Start Time B							
End Time B							

*Use *Start Time B* and *End Time B* when the child attends before- and after-school care, or when the child leaves and returns at any point during the day.

Acknowledgment *I certify that the information reported on this form is true and accurate.*

Provider Printed Name	
Provider Signature	Date