



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

Please check one: Enroll Disenroll Change Schedule

Provider Information

Provider Name		Provider CCAP ID
Provider Contact Number	Where do you provide care? <input type="checkbox"/> Center <input type="checkbox"/> Provider's Home <input type="checkbox"/> Child's Home	
Are you related to the child? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Family Information

Certificate Number	
Child Name	Date of Birth
Child Name	Date of Birth
Child Name	Date of Birth

For Enrollment *Please submit with attendance forms and parent-provider agreements*

Effective Date (Child's First Day)

For Disenrollment

Effective Date (Child's Last Day)

For Changing Schedule *Please submit with attendance forms and parent-provider agreements*

New Schedule Start Date: _____	Column A		Column B	
	Start Time	End Time	Start Time	End Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Use both columns when a child's schedule is split within a day (For example, a school age child being cared for before and after school)*

Acknowledgment

Provider Signature <i>I certify that the information reported on this form is true and accurate.</i>	Date
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