



## PROVIDER NOTICE OF CHANGE

Name of Child Care Provider:

Address:

City and Zip:

Area of Change	Effective Date	EXPLAIN CHANGE
<input type="checkbox"/> Director		
<input type="checkbox"/> Mailing Address		
<input type="checkbox"/> Telephone Number		
<input type="checkbox"/> Email address		
<input type="checkbox"/> Name of Facility		
<input type="checkbox"/> Ownership		
<input type="checkbox"/> License/Registration		
<input type="checkbox"/> Disenrollment of Child(ren)		
<input type="checkbox"/> Anticipated Closure		
<input type="checkbox"/> OTHER		

Comments:

Print Name of Person completing form:

Phone:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

**Providers in Lee, Glades and Hendry Counties MAIL OR FAX Notice of Change Form to:**

2675 Winkler Ave, Suite 300, Fort Myers, FL 33901

Fax: 239-935-6184      Phone: 888-802-6789

**Providers in Collier County MAIL OR FAX Notice of Change Form to:**

201 8<sup>th</sup> Street South, Suite 200, Naples, FL 34102

Fax: 239-213-3356      Phone: 866-987-5678