



## Request to Change to Fulltime Service Hours for Spring/Summer/Winter Break

Parent/Caretaker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Number or SS#: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this form if you need to change your childcare provider hours to  
FULLTIME for School Break.**

**Please allow 10 days for processing.**

Name of Child/SS#	Provider Name	Provider ID#	School Break Begin Date	School Break End Date

Parent/Caretaker Signature \_\_\_\_\_ Date: \_\_\_\_\_

Childcare Worker: \_\_\_\_\_

Childcare Information Line: (216) 987-6929 / Fax Number: (216) 987-8655