THE DEPARTMENT OF EARLY EDUCATION AND CARE SUBSIDIZED CHILD CARE APPROVED BREAK IN CARE FORM

Date:	FID:			
Name:				
Name(s) of Child(ren):				
Address:	ADDRESS	CITY	STATE	ZIP CODE
Phone:			·	
Subsidy Adminis	strator Agency Name:			
Subsidy Adminis	strator Staff Member:			
Phone:		E-Mail	·	
	contact your Child Care Educa	ou have the right to opt out of ar tor/Provider to inform them wh , am requesting a and understand that my	en your child(ren) will be	absent.
		his request is for all of my chi	ldren	
OR	DATE	, , , , , , , , , , , , , , , , , , , ,	PARENT	S INITIALS
		LIST CHILD(REN) TO BE PLACED ON	AN APPROVED BREAK	
be required to pla	ace my name on EEC's income	ly valid for 90 days, and if I fail to e eligible waitlist to receive any a need date, EEC will consider this	ndditional funding. Furthe	rmore, I understand that if I
		ak in Care but I am rejecting the		
discuss my need when my child w Absence Warning	for continued subsidized care ill be absent and that three (3 g Notice to be issued. I also (I that if frequent absences occu e. I understand that I must cont 3) or more consecutive <u>unexpla</u> understand that a 2 nd occurrence ation of my child care subsidy.	act my Child Care Educat <u>ined</u> absences will result	or/Provider to inform them in an Excessive Unexplained
	PARENT SIGNATURE			DATE

If you have any questions about this action, please first speak with the Subsidy Administrator listed above.