

PROVIDER NOTICE OF CHANGE

Name of Child Care Provider:		
Address:		
City and Zip:		
Area of Change	Effective Date	EXPLAIN CHANGE
Director		
☐ Mailing Address		
☐ Telephone Number		
☐ Email address		
☐ Name of Facility		
Ownership		
☐ License/Registration		
☐ Disenrollment of Child(ren)		
☐ Anticipated Closure		
OTHER		
Comments:		
Print Name of Person completing fo	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: 239-935-6181 Phone: 239-935-6100

Providers in Collier County MAIL OR FAX Notice of Change Form to:
3050 North Horseshoe Drive, Unit 231, Naples, FL 34104
Fax: 239-213-3356 Phone: 239-213-1137