



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:
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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**