

CHILD CARE ASSISTANCE PROGRAM NON-SCHOOL DAYS REQUEST FORM

Please complete this form for any school-aged children in your household who normally receive part time care (before/after school) but will require full-time care on days when they are not in school. Completing this form allows the Denver CCAP team to ensure that your child care provider is paid correctly.

Child Name: _____

School Name/District: _____

Child Name: _____

School Name/District: _____

Child Name: _____

School Name/District: _____

Child Name: _____

School Name/District: _____

Child Name: _____

School Name/District: _____

Child Name: _____

School Name/District: _____

For any school/district that does not follow the same schedule as Denver Public Schools, please attach a copy of the school's calendar that indicates the days when school is not in session.

By signing below, I indicate that I am requesting full-time care for the children listed above on days when they are not in school, as indicated by the calendar provided. I understand that I am responsible for providing a school calendar showing the days that school is not in session and for notifying Denver CCAP of any changes to the school calendar, so that Denver CCAP can correctly authorize my children for care. If my children attend care full time on days when they are not authorized to do so, I will be responsible for payment to the child care provider.

Participant name (printed): _____ Case number: _____

Signature: _____ Date: _____