

Notification and Authorization for Substitute Care

Keep in your records

To Be Completed by Provider:

I, _____, will not be available to provide child care from
Provider's Name

_____ until _____
Date Date

In my absence, _____ will provide care in my home.
Print Substitute's Name

I have a permit or state license which will remain valid during the period of my absence.

I accept responsibility for the performance of my substitute. The substitute understands and agrees to abide by terms of the child care permit or license.

_____ Print Provider's Name	_____ Provider's Signature	_____ Date
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_____ Print Substitute's Name	_____ Substitute's Signature	_____ Date
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To Be Completed by Parents:

_____ Print Parent's Name	_____ Parent's Signature	_____ Date
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_____ Print Parent's Name	_____ Parent's Signature	_____ Date
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_____ Print Parent's Name	_____ Parent's Signature	_____ Date
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_____ Print Parent's Name	_____ Parent's Signature	_____ Date
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_____ Print Parent's Name	_____ Parent's Signature	_____ Date
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Please note: CCAR participants need to contact their CCAR child care specialist before using a substitute care provider.