

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program VOLUNTARY CLOSURE DAYS REQUEST FORM	Email To: CCSInvoices@maryland.gov
--	---	--

Section 1: General Information	
Provider Name:	
Provider ID Number:	Contact Phone Number:

Section 2: Indicate the day(s) you plan to be voluntarily closed. Notification of the voluntary closure days must be submitted to the parent(s) and Child Care Scholarship Central (CCS Central 2) <u>PRIOR</u> to the days of closure.	
Begin Date (MM/DD/YY)	End Date (MM/DD/YY)

Note: Child Care providers are allowed to be paid for up to two consecutive weeks of voluntary closure per year.

Section 3: Signature	
<input type="checkbox"/> I certify that I/we have notified all parents regarding this closure.	
Provider Signature:	Date: