

EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection of Sarasota

2886-C Ringling Blvd, Sarasota, FL 34237

Phone: (941) 556-1600 Fax: (941) 556-1606

CHANGE IN PROVIDER INFORMATION

Provider / Site Name: _____

Provider Tax ID #: _____

Change of Address*

Site Address _____

_____ City State Zip Code

Mailing Address: (if different) _____

_____ City State Zip Code

Last Date of Service at old address: ____/____/____

First Date of Service at new address: ____/____/____

** Change of Address requires submission of a copy of your new license showing the new address.*

Change in Site Name*

New Site Name _____

** Change in Name requires additional documentation. See Change of Name/Tax ID Form for details.*

Change of Phone Number

(____) _____ - (____) _____ - _____
Phone # Fax #

Change in Provider E-mail Address

New E-mail address _____

Change of Ownership*

Last Date of Service at old address: ____/____/____

First Date of Service at new address: ____/____/____

** Change in ownership requires additional documentation. See Change of Ownership Form for details.*

Change of Tax ID*

Previous Tax ID # _____

New Tax ID # _____

Reason for change: _____

** Change in Tax ID# requires additional documentation. See Change of Name/Tax ID Form for details.*

Change of Contact Person

New Contact Person _____ Title: _____

Contact Person's Phone #: (____) _____ - _____

I verify the above information is correct and that I am authorized to report such changes.

Signature of Authorized Provider Representative _____

Title _____

Date _____

Submit Completed form to: Child Care Connection of Sarasota 2886-C Ringling Blvd Sarasota, FL 34237

***For Office Use Only**

Request Received by: _____

Date Received: _____ Date Processed: _____