



Child Development Associates Nutrition Program  
180 Otay Lakes Road., Suite 300 • Bonita, California 91902 • (619) 427-4922

**PLEASE COMPLETE AND RETURN TO THE OFFICE, THANK YOU**

Date: \_\_\_\_\_

TO: CDA Nutrition Program

FROM: \_\_\_\_\_ (provider name – printed clearly)

**PROVIDER MOVING NOTIFICATION**

Provider Name \_\_\_\_\_

Current Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**MOVING TO** – (new address)

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

- **Date of Move** \_\_\_\_\_
- **Has Provider Contacted Licensing**     Yes     No
- **Date of Scheduled Licensing Visit** \_\_\_\_\_
- **License Enclosed**     Yes     No

**PLEASE NOTE:** Your License must be returned to our office no later than noon on the last working day of the month in which you move in order for you to claim that month. If you intend to claim for the month of \_\_\_\_\_ your license must be in our office by \_\_\_\_\_.

I certify that the above information is correct and true and that I understand that I must have my License in the office by the above date in order to claim for the above mentioned month.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY: Received By: \_\_\_\_\_ Date: \_\_\_\_\_**