



PROVIDER NOTICE OF TRANSFER



The parent named below has requested a transfer to another school readiness provider:

Parent Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

The last day authorized for payment at your center/home is _____
(Date)

To be completed by Child Care Provider.

Before the transfer process can be complete, your information about the parent co-payment is necessary. Please mark the appropriate box:

Parent co-payments are current and "Paid in Full".

Parent currently owes \$ _____

Parent has made payment arrangements to pay the amount owed.

Note: If at any time, the parent fails to honor the repayment agreement, the provider should contact ELC School Readiness Services at 850-332-6775.

A transfer will not be authorized if parent co-payments are not paid in full unless a payment arrangement has been made.

I understand that the above named parent has requested a placement transfer. I will not request reimbursement for this child as of _____
(Date)

Please state "Reason for Transfer" below:

Center Name: _____

Authorized Center Representative: _____

Date Signed: _____

Directions: This form is to be completed by the provider. Once this form is completed please give this form back to the parent. You can also email or fax this form to the Early Learning Coalition. If you have any questions regarding this form, please call (850) 332-6775.