CHILD CARE PROVIDER TRANSFER/SCHEDULE CHANGE FORM

Rev. 11.01.2016

Please select: ☐ **Transfer** ☐ **Schedule Change**

Complete the following customer information for a transfer/schedule change. Please allow 2 – 3 business days for processing. Transfers are processed when fees are verified as paid.

CUSTOMER NAME ____ **Phone number**____________________

Email Address:____**(certificate may be sent electronically)**

CHILD: ____ D.O.B. ________/________/________

CHILD: ____ D.O.B. ________/________/________

CHILD: ____ D.O.B. ________/________/________

CHILD: ____ D.O.B. ________/________/________

Complete for Transfer Only:

TRANSFERRING **FROM:** ____EXIT DATE: ______/_____/______

TRANSFERRING **TO:** ____START DATE: ______/_____/_____

Complete for Schedule Change Only: NEW PROVIDER: ____

Select: ☐HOLIDAY/SUMMERS ☐EVENING CARE ☐WEEKEND CARE ☐AFTERCARE ☐BEFORE CARE ☐OTHER

START DATE: _____/_____/______END DATE: _____/_____/______

Date Returning to original Provider: _____/_____/______**(if Child/ren will be returning to original provider)**

☐ **ZERO BALANCE: TO BE COMPLETED BY THE PROVIDER TRANSFERRED FROM**

(If not, attach documentation confirming payment of Parent Fees) ☐ **NO PARENT FEE IS ASSESSED**

The parent listed has paid all School Readiness co-payments and receipts were given to parent.
Section 1002.84(8), F.S. requires providers to collect the parent copayment (fee). **Providers who choose not to collect assessed copays will be violating statute and subject to corrective actions that may include termination of their school readiness contract. Statute and rule apply only to parent copayments and does not include additional fees that a provider may charge the parent.** I understand that the School Readiness child listed above may be transferred to another provider with the information provided.

____ ______/_____/______
SIGNATURE OF CHILD CARE PROGRAM DIRECTOR/DESIGNEE DATE

PARENT SIGNATURE: ____ DATE: ______/_____/______

____ ______/_____/______
SIGNATURE OF ELC STAFF VERIFYING INFORMATION AS ACCURATE DATE