



CHILD CARE PROVIDER TRANSFER/ADDING A 2ND PROVIDER FORM

Parent/Guardian must submit this form 10 days in advance of the child's start date to allow for processing and payment. Transfers are processed when fees are verified as paid. Form will need to be uploaded to your family portal account.

PARENT/GUARDIAN NAME _____ Phone number _____

Email Address: _____ (certificate will be sent electronically)

CHILD: _____ D.O.B. _____/_____/_____

CHILD: _____ D.O.B. _____/_____/_____

CHILD: _____ D.O.B. _____/_____/_____

CHILD: _____ D.O.B. _____/_____/_____

TRANSFER ONLY:

TRANSFERRING FROM: _____ EXIT DATE: _____/_____/_____

TRANSFERRING TO: _____ START DATE: _____/_____/_____

ZERO BALANCE: TO BE COMPLETED BY THE PROVIDER TRANSFERRED FROM

(If not signed by the provider, 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

ADDING A 2ND PROVIDER ONLY: Select all that apply:

NON-SCHOOL DAYS AFTERCARE WINTER BREAK SPRING BREAK SUMMER

NEW PROVIDER: _____ PHONE: _____

START DATE: _____/_____/_____

END DATE (if applicable): _____/_____/_____

PARENT SIGNATURE: _____ DATE: _____/_____/_____

FOR ELC STAFF ONLY

SIGNATURE OF THE EL STAFF VERIFYING THAT THE INFORMATION

_____/_____/_____
DATE



If you have any questions, please contact our Call Center at 561- 514-3300