

Provider Transfer

This form must be submitted to the Family Services Department **72 HOURS** prior to your child's start date with the new provider. Once this form is reviewed by an ELC Specialist, your enrollment notices will be sent to the new provide within **THREE (3) BUSINESS DAYS**. If you have not received confirmation of the enrollment by email or in person within **ONE (1) WEEK** of your submission, then please call (772) 220-1220. PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING.

**TO BE COMPLETED BY THE PARENT**

I wish to transfer my child to a new provider as of the date of transfer listed and certify by my signature below that my parent copayments were collected by the provider and are paid in full.

Permanent Transfer       Temporary Transfer (if temporary, you will need to request a return transfer)

Name of Child: \_\_\_\_\_ Name of New Provider: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Name of New Provider: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Name of New Provider: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Name of New Provider: \_\_\_\_\_ Start Date: \_\_\_\_\_

**A parent may not transfer a child to another school readiness provider until they have submitted documentation from the current school readiness provider to the Early Learning Coalition stating that the parent has paid the parent copayments in full.** The transfer will be completed once the copayment obligation has been satisfactorily fulfilled. In the context of Rule 6M-4.400, satisfactory fulfillment of the co-payment obligation means immediate payment of the outstanding co-payment obligation or establishment of a repayment plan for the outstanding co-payment. Statute and rule apply only to parent copayments and does not include additional fees that a provider may charge the parent.

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PROVIDER TRANSFERRED FROM**

Name of Provider Transferred From: \_\_\_\_\_ Last Day Child(ren) Attended: \_\_\_\_\_

**ZERO BALANCE REMAINING**

**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.

Child Care Program Director/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COALITION USE ONLY**

Signature of ELC Staff Verifying Information as Accurate: \_\_\_\_\_ Date: \_\_\_\_\_

