



PARENT TRANSFER REQUEST FORM (TO BE COMPLETED BY PARENT/GUARDIAN)

THIS IS NOT A VOUCHER

Directions: This form is to be completed by the Parent/Guardian. Once completed, the Parent/Guardian should deliver this form to the front desk at Early Learning Coalition School Readiness Services along with the completed Provider Transfer Form. For questions, call 332-6775. Completed forms may be faxed to 466-3783.

Please complete the following information to request a provider transfer for your children:

Parent Name: _____ Daytime Phone: _____

Current Address: _____

Current Employer: _____

Children to be transferred:

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

I would like the above children transferred from: _____

Effective on this date: _____

Reason for transfer (please check one) (use back of form if you would like to add additional comments)

Provider Terminated Enrollment (please list reason) _____

Transportation Issues ___ Hours of Care ___ Moved ___ Employment Change ___

Other (please explain) _____

Do you currently owe any fees to this provider? _____ Amount: _____

(A provider transfer will not be authorized if parent fees are not paid in full or a payment arrangement has not been entered into with provider.)

Transfer above children to new Provider _____

Effective on this date: _____

This New Provider for Holidays and Breaks? Yes No

If no, indicate which Provider for Breaks and Holidays: _____

When all forms are completed and received, please allow 3 to 5 business days for this request to be processed. Your Eligibility Specialist will call you when the Voucher is completed. Vouchers may only be picked up by Parent/Guardian.

Picture I.D. is required for verification.

Parent/Guardian Signature: _____ Date: _____

****Staff Use Only****

Date Transfer requested: _____ Date Requested Form received: _____

Eligibility Specialist _____ Date Transfer Authorized: _____

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