



PARENT TRANSFER REQUEST FORM



Directions: This form is to be completed by the Parent/Guardian. Once this form is completed please email, fax, or bring this form into our office along with the Provider Transfer form. If you have any questions regarding this form, please call (850) 332-6775.

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 or email you when the payment certificate is completed.

Parent/Guardian Signature: _____ Date: _____