



# 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?    Y      N      (circle one)

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: \_\_\_\_\_

ELC School Readiness Services  
3300 N Pace Blvd, Suite 210, Pensacola, FL 32505    Tel: (850) 332-6775 · Fax: (850) 466-3783

