

A parent or guardian cannot transfer their child to a different School Readiness provider until documentation is submitted to the Early Learning Coalition from the current provider confirming that all required copayments (parent fees) have been paid in full.

### Section I: To be Completed by Parent/Guardian

Parent/Guardian Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

### Section II: To be Completed by Current Child Care Site

Name of Child Care Site: \_\_\_\_\_

Phone: \_\_\_\_\_ Child's Last Date of Attendance: \_\_\_\_\_

The client has:  Zero Co-Payment Remaining  Co-Payment Remaining \$\_\_\_\_\_

Repayment Plan for the parent to fulfill the outstanding co-payment obligation of \$\_\_\_\_\_ by \_\_\_\_\_

**In accordance with Section 1002.84(8), Florida Statutes, providers must collect assessed copayments. Failure to do so may result in corrective action, including termination of the School Readiness contract. This requirement applies only to copayments, not additional provider fees.**

I attest that the parent has satisfactorily fulfilled all required copayment obligations.

Signature of Child Care Site Director/Designee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section III: To be Completed by Parent/Guardian

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

Name of New Child Care Site: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_

Reason for Transfer (optional): \_\_\_\_\_

**I am requesting to transfer my child(ren) to the child care site listed on this form. I understand that all required parent fees must be paid in full to my current provider prior to the transfer. Failure to satisfy the copayment requirement may result in the termination of School Readiness funding.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Services Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_