

**Suspended Enrollment allows families to maintain School Readiness eligibility during verified scheduled temporary breaks in the child's attendance. Parent/Guardian(s) who anticipate the child to be out of care between 11 and 90 consecutive days may be granted a Suspended Enrollment.**

1. Parents/guardians must submit a completed request form—signed by the provider—to the Early Learning Coalition (ELC) at least **72 hours prior** to the start of the suspension period. Requests submitted after the start date may result in the parent/guardian being responsible for any incurred charges.
2. It is the responsibility of the parent/guardian to ensure the current provider signs the request form, confirming awareness of the requested absence dates.
3. If a redetermination date occurs during the suspension period, the parent/guardian must complete the redetermination process on time. The ELC will not cover child care costs if eligibility is not successfully re-established.
4. Parents/guardians must contact the ELC **before the child returns to care** to request a new certificate.
5. Failure to request a new certificate prior to returning may result in loss of the child care scholarship and require reapplication to the waitlist.
6. The ELC does not pay providers to hold a child's slot during periods of suspended enrollment.
7. Return to the same provider is **not guaranteed**, and funding availability cannot be assured at the time of return.

Date: \_\_\_\_\_

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

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

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

Dates out of Care: \_\_\_\_\_ to \_\_\_\_\_

Reason for Suspended Enrollment:

\_\_\_\_\_

\_\_\_\_\_

**I understand that it is my responsibility to contact the Early Learning Coalition (ELC) of Sarasota County before the suspension period expires to determine whether I am eligible for reinstatement. I also understand that I must inform my child care provider to hold my child's enrollment. By signing this request, I authorize ELC to implement the change I have requested.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date