

Provider Transfer Form



TO BE COMPLETED BY THE PARENT:

I wish to transfer my child to a new provider as of the Date of Transfer listed.

Permanent Transfer Temporary Transfer

Reason _____

Name of Child

Today's Date Date of Transfer

Name of Provider Transferred From

Name of Provider Transferring To

I understand that if I have an outstanding balance with the previous provider, I agree to the terms of the payment arrangement listed below. Should I fail to adhere to this agreement, my school readiness funding could be suspended for ten (10) child care days, during which time the outstanding balance must be paid. If I cannot provide verifiable proof that my fees have been paid, my school readiness funding could be terminated.

Parent/Guardian Name

Signature

TO BE COMPLETED BY THE PROVIDER TRANSFERRED FROM:

Name of Provider Transferred From

Last Day Child Attended

ZERO BALANCE REMAINING
The parent listed above does not owe any parent fees.

PAYMENT ARRANGEMENT
Payment arrangements have been made between my child care program and the parent for the unpaid **parent fee** balance of \$ _____ to be fully paid no later than the date of _____.

I understand that the School Readiness child listed above may be transferred to another provider with the information provided. It is my responsibility to report a violation of this payment arrangement to the Coalition within 14 days of the violation.

Signature of Child Care Program Director/Designee

Date

Signature of ELC staff verifying information as accurate

Date