Provider Transfer Form

TO BE COMPLETED BY THE PARENT and SUBMITTED TO THE ELC PRIOR TO TRANSFER DATE:

I wish to transfer my child to a new provider as of the date of transfer listed and certify by my signature below that my parent copayments were collected by the provider and are paid in full.

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

_____ _____
Name of Child Start Date at New Provider

_____
Name of Provider Transferring To

A parent may not transfer a child to another school readiness provider until they have submitted documentation from the current school readiness provider to the Early Learning Coalition stating that the parent has paid the parent copayments in full. If the parent chooses not to pay the copayment (fee), the parent is not meeting the terms and conditions of service and therefore, services will be discontinued. Statute and rule apply only to parent copayments and does not include additional fees that a provider may charge the parent.

_____ _____
Parent Name Parent Signature Date

TO BE COMPLETED BY THE PROVIDER TRANSFERRED FROM:

_____ _____
Name of Provider Transferred From Last Day Child Attended

☐ **ZERO BALANCE REMAINING**

The parent listed has paid all School Readiness co-payments and receipts were given to parent.

☐ **REPAYMENT PLAN**

A repayment plan has been agreed upon between child care provider and parent to fulfill the outstanding co-payment obligation of $_____ by the date of _____.

Section 1002.84(8), F.S., requires providers to collect the parent copayment (fee). **Providers who choose not to collect assessed copays will be violating statute and subject to corrective actions that may include termination of their school readiness contract. Statute and rule apply only to parent copayments and does not include additional fees that a provider may charge the parent.** I understand that the School Readiness child listed above may be transferred to another provider with the information provided.

_____ _____
Signature of Child Care Program Director/Designee Date

_____ _____
Signature of ELC staff verifying information as accurate Date