SUSPENDED ENROLLMENT REQUEST

Please read, complete (in full), sign and return

Suspended Enrollment allows families to maintain child care scholarship 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. Parent(s)/Guardian(s) are required to submit the request form completed and signed by the provider to the Early Learning Coalition (ELC) at least 72 hours before the date the suspended enrollment is needed. If request is submitted after the suspended enrollment date you may be responsible for any charges that may be incurred.

2. It is the parent(s)/guardian(s) responsibility to have their current provider sign the request form making both the client and provider aware of requested dates of absence. If your redetermination date falls during the period of the suspended enrollment it is your responsibility to ensure that you complete your redetermination timely. The ELC will not pay for any child care costs if for whatever reason you are not able to re-establish your eligibility.

3. Parent(s)/Guardian(s) need to contact the ELC prior to returning your child to care to request a new certificate. Failure to do so could result in the loss of your child care scholarship and you may have to re-apply to be placed on the Wait List.

4. Please note that ELC will not pay your child care provider for maintaining your child's slot during your absence.

5. Parent(s)/Guardian(s) need to be aware that ELC cannot guarantee that your child (ren) will be able to return to the same child care provider or that funding will be available at the time of your return.

6. Please complete all information on the Suspended Enrollment Request form attached.

7. If you have any questions, please contact the Early Learning Coalition at (941) 757-2900 x2200.
SUSPENDED ENROLLMENT REQUEST

This form must be completed and returned to the ELC Family Services department 72 hours before the start of the suspended enrollment period.

Parent/Guardian Name: ___________________________________ SS# (Optional) __________________________

Child: ___________________________________ Provider _____________________________________________

Dates out of care: From ___________________ to: ___________________

Parent Fees paid in full: Yes/No  Provider Signature ________________________________________ Date ______

Parent/Guardian Name: ___________________________________ SS# (Optional) __________________________

Child: ___________________________________ Provider _____________________________________________

Dates out of care: From ___________________ to: ___________________

Parent Fees paid in full: Yes/No  Provider Signature ________________________________________ Date ______

Parent/Guardian Name: ___________________________________ SS# (Optional) __________________________

Child: ___________________________________ Provider _____________________________________________

Dates out of care: From ___________________ to: ___________________

Parent Fees paid in full: Yes/No  Provider Signature ________________________________________ Date ______

Reason for Suspended Enrollment: (Required)

__________________________________________________________

Suspended enrollment of child care is to allow families to maintain child care scholarship eligibility during verified scheduled temporary breaks in the child’s attendance. Parent/Guardians may be granted a suspended enrollment if the child is anticipated to be out of care for between 11 and 90 consecutive days.

Please contact the Early Learning Coalition Family Services Department at 757-2900 if you have any questions.

Parent/Guardian Signature: ________________________________________ Date: ________________