

School Readiness Program Provider Transfer Form

Early Learning Provider:
Submission of this form is required when School Readiness clients request a provider transfer. ALL School Readiness terminations initiated by the provider must be completed by the provider within the provider portal.

Early Learning Provider Name:	Phone Number
Early Learning Provider Signature:	
Parent/Guardian Name:	
Child/Children:	
Last day of the child/children's attendance:	
	ce of the copayment due date. The parent copayment shall be collected within 10 days
of the provider's payment due date. A parent may not transfer copayment obligation related to the <u>School Readiness Progra</u>	er his or her child to another School Readiness Program until the parent has fulfilled the <u>am.</u>
Notice of Authorization to Transfer School Readines	ss Services (check one):
The parent/caregiver/guardian above has paid all School receipt records for current period of School Readines	Readiness copayments due. (Attach accounting records and a copy of co-payment ss services). OR
☐The parent/caregiver/guardian of an at-risk child has est	ablished a repayment plan for the outstanding copayment obligation.
☐The parent/caregiver/guardian above has failed to satisfact	ctorily fulfill the required copayment obligation.
ELC Assessed Copayment Amount Due \$	
Providers may establish additional fees agreed upon by the Sincluded in the ELC Assessed Copayment Amount Due.	School Readiness client. Additional fees owed by the client to the provider should not be
Comments:	
El avia arr	

ELCNC Office 382 N Suncoast Blvd Crystal River, FL 34429 352-563-9939 352-563-5933 Fax