Request for Suspended Enrollment

Date: __________________________

Clients are required to submit the Request for Suspended Enrollment Request form to the Family Services Department at least 72 hours before the date the suspension is needed.

Dates of requested suspended enrollment (Please contact ELC once child returns):
Start Date: __________________________
Return Date: __________________________

Reason for Suspended Enrollment:
- Temporary break for summer vacation
- Child visitation with non-custodial parent
- Medical situation (Please provide supporting documentation)

Comments:
__________________________________________
__________________________________________

Parent/Guardian:
Name: __________________________ Signature: __________________________
Phone: __________________________

Provider:
Name: __________________________ Signature: __________________________
Phone: __________________________

Eligibility Staff (For Coalition Use Only):
Approved_______ Not Approved_______
Comments:
__________________________________________
__________________________________________

Eligibility Specialist Signature __________________________ Date: __________________________