



School Readiness Provider Transfer Request

Prior to transferring child care to a new provider, the parent/caregiver must provide documentation to the School Readiness (SR) Program.

A parent may not transfer school readiness program services to another school readiness program provider until the parent has submitted documentation from the current school readiness program provider stating that the parent has satisfactorily fulfilled the copayment obligation.

The Parent/Guardian may send the completed form to the Provider Transfers Department by email at srtransfers@elcbroward.org or bring the completed form for processing to the SR office listed below. PLEASE ALLOW UP TO 5 BUSINESS DAYS TO PROCESS.

Is the School Readiness Provider Transfer Request from another County to Broward County?	(CIRCLE ONE)	YES	NO
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To Be Completed By Parent/Guardian

Parent/Guardian Name	Email Address	Telephone Number
Address	City	Zip
Child(ren)'s Name(s) to be Transferred		Date of Birth

Does the child/ren also attend VPK?	(CIRCLE ONE)	YES	NO
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To Be Completed By Current Child Care Provider

Name of Child Care Facility	Telephone Number
Address	City Zip
Email Address	Fax Number Child's Last Date of Attendance

The provider is responsible for collecting the parent co-payment from the parents. The parent co-payment shall be collected within 10 calendar days of the provider's payment due date. The provider shall provide written notice of the co-payment due date. (Rule 6M-4.400, F.A.C.)

I attest that the parent has satisfactorily fulfilled the co-payment obligation.

Signature of Child Care Program Director or Designee _____ **Date** _____

To Be Completed By Parent/Guardian

Name of New Child Care Facility	Telephone Number
Address	City Zip
Email Address	Fax Number Requested Date of Transfer

I have requested my child/ren to be transferred to the provider listed on this form. I understand that parent fees must be paid in full with my current provider in order to transfer. Failure to fulfill copayment obligation may result in termination of School Readiness funding.

Parent/Guardian Signature _____ **Date** _____