

**SCHOOL READINESS CHILD TRANSFER REQUEST**  
**One Form Per Child**

TODAY'S DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME *(Required)* \_\_\_\_\_ SSN \_\_\_\_\_

CHILD'S NAME Needing Transfer *(Required)* \_\_\_\_\_

**Once this form is reviewed by an ELC Specialist, your enrollment notices will be sent to the new provider in TWO (2) BUSINESS DAYS. PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING.**

**THIS BOX TO BE COMPLETED BY CURRENT PROVIDER ONLY**

CURRENT PROVIDER'S NAME <i>(Required - Please Print)</i>	
PROVIDER'S STAFF SIGNATURE <i>(Required)</i>	
PROVIDER'S STAFF PRINTED NAME <i>(Required)</i>	
PROVIDER EIN# or LAST FOUR SSN# <i>(Required)</i>	
FEES OWED (CO-PAYMENT ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CO-PAYMENT AMOUNT OWED	\$ _____

**THIS BOX TO BE COMPLETED BY NEW PROVIDER ONLY**

NEW PROVIDER'S NAME <i>(Required - Please Print)</i>	
CHILD'S START DATE <i>(Required)</i>	
NEW PROVIDER'S STAFF SIGNATURE <i>(Required)</i>	
PROVIDER EIN# or LAST FOUR SSN# <i>(Required)</i>	
How would you prefer to receive the enrollment notices?	<input type="checkbox"/> Mail <input type="checkbox"/> Fax to _____

I understand that my current provider must sign and complete the first section to confirm that all co-payments are paid. The second section indicates the new provider that I have selected along with the start date we have both agreed upon.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date