

SCHOOL READINESS PROGRAM
2nd PROVIDER REQUEST FORM



Special Note: The Parent/Guardian may send the completed form to one of the School Readiness satellite offices listed below or you may fax completed form to: 813-915-3235 or 813-740-4722. Please allow up to 5 business days to process.

To be completed by Parent/Guardian:

Today's Date: _____ Parent/Guardian Name: _____

Contact Phone Number: _____ Fax Number: _____

Address: _____

Email Address: _____

Parent/Guardian's Current Work Schedule: _____

Name of Child (ren) Needing 2 nd Provider	Child's Date of Birth	Effective Date for 2 nd Provider
1.		
2.		
3.		

2nd PROVIDER INFORMATION

Child Care Facility/Child Care Provider: _____

Child Care Facility Address: _____

Facility Contact Phone Number: _____ Facility Fax Number: _____

I understand by signing this request I authorize ELCHC to enact the change I have hereby requested.

 Signature of Parent/Guardian Today's Date

SATELLITE OFFICES

BRANDON
 9325 Bay Plaza, Ste 210
 Tampa, FL 33619
 Ph: 813-740-4713
 Fax: 813-740-4722
 Status Change
 Fax: 813-739-6042

NORTH TAMPA
 9309 N. Florida Ave., Ste 104
 Tampa, FL 33612
 Ph: 813-915-3200
 Fax: 813-915-3239
 RBM and Status Change
 Fax: 813-915-3236

ADMIN OFFICE AT NET PARK
 5701 E. Hillsborough Ave. Ste 2301
 Tampa, FL 33610
 Ph: 813-744-8941, ext. 254
 Fax: 813-744-6753

OFFICE USE ONLY:

Date Received: _____ Request Completed? Yes No

If No, reason: _____

If Yes, date Child Care Certificate provided to Provider and Client: _____

If No, date notified client on status: _____

SR Forms completed and attached with client's paperwork:

- 2nd Provider Request Form Copy of Child Care Certificate

Processing Staff: _____ Date of Enrollment: _____

rl/tw – SR 2nd Provider Request Form 102015