

SCHOOL READINESS PROGRAM
 CLIENT REQUEST FOR SUSPENSION OF CHILD CARE SERVICES



SECTION I: (To be completed by School Readiness Client) **Today's Date:** _____
 Submit completed form for processing to any of the locations listed below.

I, _____, am requesting that
 The child's enrollment will be suspended from: _____ to _____
 for the children listed below.

Name of Child	Effective Date	SS#/ID#	Provider Name

For the following reason: _____

I understand that I am responsible to contact School Readiness prior to the expiration date of the suspension period in order to determine if I am eligible to be reinstated. I also understand that I must notify the child care provider to hold my child's slot. I understand that by signing this request, I authorize the Early Learning Coalition of Hillsborough County School Readiness Program to enact the change I have hereby requested.

Signature of Parent/Guardian **Today's Date**

SECTION II: (To be completed by School Readiness Client Services Specialist)
 Summer Suspension Seasonal Employment Suspension Maternity/Medical LOA Suspension
 Copy of Client Photo ID (*if available*) Copies of Current EFS Parent Interview Screen
 Suspension completed? Yes No If No, reason: _____
 Effective Date of Suspension: _____
 Provider Called (Contact Person, Date & Time: _____)
 CSS Info (Name, Site, Date): _____
Send items listed in Section II with this form through interoffice mail to designated staff at Administrative Office by the next business day of receipt.

SECTION III: (To be completed by School Readiness Designated Staff at Administrative Office)	
Date Received: _____	Received by: _____
Form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, reason: _____	
Date Suspension Letter Sent: _____	

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