

Parent/Guardian may send the completed form to one of the School Readiness satellite offices listed below or you may fax completed form to: please allow up to 5 business days to process.

Date: _____ Parent/Guardian Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

E-mail: _____

Parent/Guardian's Current Work Schedule: _____

Name of Child(ren) Needing Second Provider	Child's Date of Birth	Effective Date for Second Provider

Second Provider Information

Child Care Facility/Child Care Provider: _____

Child Care Address: _____

Child Care Phone Number: _____ Fax Number: _____

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

Signature of Parent/Guardian Date

School Readiness Eligibility Office Locations:

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

SR 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 with Child care certificate provided to provider and client: _____

SR Forms completed and attached with client's paperwork:

Second Provider Request Form Copy of Child Care Certificate

Processing Staff: _____ Date of Enrollment: _____