

SCHOOL READINESS ENROLLMENT CORRECTION FORM

Provider Name: _____ **Site Address:** _____

Instructions: If your "Manage SR Enrollment" screen on the OEL Provider Services Portal (<https://providerservices.floridaeearlylearning.com/>) is not correct (either with children missing or duplicate children), please fill out the information below for each enrollment that is incorrect and upload to the ELCHC Portal (<https://providerportal.elchc.org/>) to the document library, in the SR Attendance folder. DO NOT email or fax information to the ELCHC or SD.

Child's First Name	Child's Last Name	Parent's Full Name	Child's Date of Birth	First day of attendance	Select One:	Comments
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	
					<input type="checkbox"/> Missing <input type="checkbox"/> Duplicate	

***DUPLICATE THIS FORM AS NEEDED**