



Client Request for Suspension of Child Care Services

School Readiness Program
(Rev. 03.12.20)

SECTION I: (To be completed by SR Client)

Date: _____

Submit completed form for processing to any of the locations listed on bottom of page.

I, _____, am requesting that the child's enrollment be suspended from: _____ to _____ for the child(ren) listed below.

Name of Child(ren)	Effective Date	Social Security/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 ELCHC to enact the change I have hereby requested.

Signature of Parent/Guardian

Date

Family Services Office Locations:

EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY – Main Office
6302 East Dr. Martin Luther King, Jr. Blvd., Suite 100
Tampa, FL 33619
Ph: 813-515-2340

EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY – Family Services Only
9215 N. Florida Ave., Suite 103
Tampa, FL 33612
Ph: 813-515-2340

SECTION II: *(To be completed by SR 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 Name, 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? Yes No **If No, reason:** _____

Date Suspension Letter Sent: _____