

A parent may not transfer school readiness program services to another school readiness program provider until the parent has submitted documentation from the current school readiness program provider stating that the parent has satisfactorily fulfilled the copayment obligation.

**SECTION I:** (To be completed by Parent/Guardian)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Child(ren) to be Tranferred	Child's Date of Birth

**SECTION II:** (To be completed by Current Child Care Provider)

Name of Child Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Child's Last Date of Attendance: \_\_\_\_\_

**The provider is responsible for collecting the parent co-payment from the parents. The parent co-payment shall be collected within 10 calendar days of the provider's payment due date. The provider shall provide written notice of the co-payment due date and the provider must give the parent a receipt for each co-payment made by the parent and retain receipt records for all child care co-payments. (Rule 6M-4.400, F.A.C.)**

*I attest that the parent has satisfactorily fulfilled the co-payment obligation.*

Signature of Child Care Program Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**SECTION III:** (To be completed by Parent/Guardian)

Name of New Child Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Requested Date of Transfer: \_\_\_\_\_

*I have requested my child(ren) be transferred to the provider listed on this form. I understand that parent fees must be paid in full with my current provider in order to transfer. Failure to fulfill the co-payment obligation may result in the termination of School Readiness funding.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date