

Parent/Guardian may upload the completed form to the Family Portal or bring it one of the Early Learning Coalition of Hillsborough County offices listed below.
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

Reason for the request

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