

Early Learning Coalition



of Pinellas County, Inc.

School Readiness BG1 Certificate Voucher for Child Care Scholarship

Form number

2-19-13 08:21:17 -

Parent/Client ID

This is the first day that child care is authorized to begin.

Voucher Effective Date

AEL - Enrollment [] or APT - Transfer []

Child Name	Child ID	Funding	Eligibility	Fee Effective Date	Expected Unit of Care	Expected Daily Fee	FT Daily Fee	PT Daily Fee

Child Covered By
"Rilya Wilson" Act

Rilya Wilson hot line is:
727-456-0600 Extension 6

Authorized Days and Hours

M T W Th F Sa Su to

Office use only
to

Your Confirmation Number Authorizes ELC to make payment for child care.

PARENTS/Guardians: Your PROVIDER must FAX the Reimbursement Department of the ELC at (727) 545 - 7538 to receive a confirmation of child(ren)s enrollment. This allows payments from ELC to begin. This fax will also verify that your child is eligible to receive care at the site you have selected.

Provider
Name: _____

Child's Start Date: _____ Provider Contact #: _____

This Form Expires on: which is 15 days after issue.

Official Records are maintained at ELC main office