

**SCHOOL READINESS CHILD TRANSFER REQUEST**  
**One Form Per Child**

TODAY'S DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME *(Required)* \_\_\_\_\_ SSN: \_\_\_\_\_

CHILD'S NAME Needing Transfer *(Required)* \_\_\_\_\_

**This form must be submitted to the Family Services Department 72 HOURS prior to your child's start date with the new provider. Once the transfer is processed by an ELC Specialist, please log into your Family Portal account within TWO (2) BUSINESS DAYS to access your payment certificate. YOU MUST SIGN THE PAYMENT CERTIFICATE IN ORDER TO COMPLETE THE PROCESS. Failure to do so may result in the non-payment of your childcare provider. If you are unable to locate the payment certificate in your Family Portal account, then please call (727) 400-4411. PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING.**

**THIS BOX TO BE COMPLETED BY CURRENT PROVIDER ONLY**

CURRENT PROVIDER'S NAME <i>(Required – Please Print)</i>	
PROVIDER STAFF SIGNATURE <i>(Required)</i>	
PROVIDER STAFF PRINTED NAME <i>(Required)</i>	
PROVIDER EIN# or LAST FOUR SSN# <i>(Required)</i>	
FEES OWED (CO-PAYMENT ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CO-PAYMENT AMOUNT OWED	\$

**THIS BOX TO BE COMPLETED BY NEW PROVIDER ONLY**

NEW PROVIDER'S NAME <i>(Required – Please Print)</i>	
CHILD'S START DATE <i>(Required)</i>	
NEW PROVIDER'S STAFF SIGNATURE <i>(Required)</i>	
PROVIDER EIN# or LAST FOUR SSN# <i>(Required)</i>	
As the new provider, your signature above confirms that you understand that the payment certificate will appear in your OEL Provider Portal account once approved. The certificate must be signed by the parent/guardian in order to ensure proper payments.	

I understand that my current provider must sign and complete the first section to confirm that all co-payments are paid. The second section indicates the new provider that I have selected, along with the start date we have both agreed upon. I am aware that if I move my child prior to submitting this transfer request to the Family Services Department, then I will be responsible for paying the full cost of care. I agree to sign the completed payment certificate in my Family Portal account in order for my childcare provider to receive payments from ELC.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date