



TRANSFER REQUEST FORM

Please do not download this form without prior approval from ELCOC staff and if ELCOC.org website is operational.

Parent/Guardian Information:

Date: ____/____/____

Parent/Guardian Name: _____ SSN (optional): _____ - _____ - _____

Address, City, State, Zip: _____

Employer: _____ Phone # to be reached: _____

Child(ren) Transferring Information:

I would like to request a transfer for the following children:

Name: _____ Birth date: ____/____/____ Last date attended: ____/____/____

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FROM: _____ CURRENT PROVIDER - NAME & ADDRESS

TO: _____ NEW PROVIDER - NAME & ADDRESS

EFFECTIVE DATE OF TRANSFER: ____/____/____

PLEASE NOTE:

- Transfer request must be completed by parent/guardian receiving School Readiness services with ELCOC and requested three (3) days prior to new provider start date.
- Your zero balance letter must be submitted with this form; Zero balance must be verified prior to processing transfer. If zero balance is not confirmed, this request will be voided and you may have to resubmit.
- You must speak to and chose a provider with a valid Early Learning Coalition of Orange County School Readiness contract and verify space available for child(ren) to start attending within two-weeks (2) weeks from transfer request.
- Transfers cannot be back-dated; Transfer requests received after 4 pm, weekends or holidays will be assigned the next business day.
- An additional signature is needed electronically in the Family Portal, once signed it will be available to view & print by you and the provider.

My signature on this transfer request form indicates that I requested and approve of this transfer.

PARENT SIGNATURE

DATE

ELCOC USE ONLY:

Zero Balance at _____ verified by _____
PROVIDER NAME EMPLOYEE NAME/TITLE

Provider Contact Date: ____/____/____ Time: _____

Transfer done in EFS; uploaded to provider; copy mailed to parent by (ELCOC Name/Date): _____