EARLY LEARNING COALITION
OF ORANGE COUNTY

# SUSPENDED ENROLLMENT/BREAK-IN-SERVICE REQUEST FORM

Submit completed form AND proof of a zero balance by fax at (407) 588-9262. Requests made must be for at least for two (2) weeks or more and cannot exceed 90 days in a calendar year. DO NOT USE WHITE OUT ON ANY FORMS!

**Parent/Guardian Information:**

Date: _____/_____/_____

Parent/Guardian Name: _____ SSN (optional)_____

Address, City, State, Zip: _____

Employer: _____Phone # to be reached: _____

Username Email Address: _____

**Child(ren) Break-In-Service Information:**

**I would like to request a break-in-service for the following children:**

Name: _____Last date attended:_____/_____/_____Return date: _____/_____/_____

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**FROM:** _____CURRENT PROVIDER - NAME & ADDRESS

**TO:** _____NEW OR CURRENT PROVIDER - NAME & ADDRESS

**EFFECTIVE DATE OF TRANSFER, IF APPLICABLE:** _____/_____/_____

**PLEASE NOTE:**

- Break-In-Service request must be completed by parent/guardian receiving School Readiness services with ELCOC and requested three (3) days prior to effective date.
- Your zero-balance letter must be submitted with this form; Zero balance must be verified prior to processing request. If zero balance is not confirmed, this request will be voided and you may have to resubmit.
- If transferring providers, you must speak to and chose a provider with a valid ELC of Orange County School Readiness contract and verify space available for child(ren) to start attending within two-weeks (2) weeks from effective date of transfer.
- Break-In-Service cannot be back-dated; Requests received after 4 pm, weekends or holidays will be assigned the next business day.
- An additional signature may be needed electronically in the Family Portal for you and the provider to view & print the certificate.
- Failure to notify ELCOC when your child does not attend provider on the scheduled return date will result in a loss of services and you may have to reapply.

**ELCOC USE ONLY:**

Contacted Provider Name_____ Provider Staff Name/Title_____

Date/Time_____ Was zero balance verified? ☐ Yes ☐ No If no, amount of delinquent balance_____