



TRANSFER REQUEST FORM

Submit completed form AND proof of a zero balance by fax at _____. 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) 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 request. 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 backdated; 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.
- Failure to notify ELCOC when your child does not attend provider on the scheduled 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, amount of delinquent balance _____	