

**Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcmdm.org)**

## FAMILY INFORMATION

Parent Name	Last 4 Digits of SSN	Email Address	Telephone Number
Address		City	Zip

Child(ren)'s Name (Last Name, First Name)	Last 4 digits of child's SSN	Date of Birth	Infant	Toddler	2-YR Old	Pre-Schooler	School-Age	Weekend Care	Care Type				Weekly Parent Fee		
									FT	PT	Both	After School	PT	FT	

I have requested my child/ren to be transferred to the provider listed on this form. I understand that this request can not be approved if I have a financial balance with the current provider, and I could risk losing my child care if there is an outstanding balance with any provider receiving school readiness funding.

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

**Date** \_\_\_\_\_

## CURRENT PROVIDER

Name of School	Telephone Number	Email Address	Provider ID <b>AND</b> Extension Code*
Address*		City	Zip
Date Authorization for Care Expires	Child's Last Date of Service	Will the child(ren) remain at your center for any type of care?	Parent Fee

I attest that the parent has a zero (0) balance at this early care and educational facility.

**Director or Authorized Representative Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*Providers with multiple locations, you must submit the transfer request form for each site with the correct provider ID, extension code and address. Failure to do so may affect the transfer request and payments.*

## PROVIDER THE CHILD(REN) IS/ARE TRANSFERRING TO

Name of School	Telephone Number	Email Address	Provider ID <b>AND</b> Extension Code
Address		City	Zip
First Date of Service	Type of Care Full time <input type="checkbox"/> Part time <input type="checkbox"/> Both <input type="checkbox"/> After School <input type="checkbox"/>		

By signing this form I am attesting that the enrollment of the child(ren) into this center is the parent / legal guardian's choice.

**Director or Authorized Representative Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

» **IF A TRANSFER REQUEST IS NOT RECEIVED WITHIN TWO (2) WORKING DAYS OF THE CHILD'S ENROLLMENT, THE PROVIDER WILL ONLY BE REIMBURSED FOR TWO (2) WORKING DAYS FROM THE DATE RECEIVED.**

» **PLEASE ALLOW UP TO 3 BUSINESS DAYS TO PROCESS TRANSFER REQUEST.**