



Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties



School Readiness Program Provider Transfer Form – Zero Balance

Child Care Provider Name

Street Address

City, State, and Zip Code

Phone Number

Parent/Caregiver/Guardian Name: _____

Child/ren:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The parent/caregiver/guardian above has paid all parent fees and is eligible to transfer their child(ren) to another child care site.

Parent signed sign in/out logs and/or Provider developed Student Attendance Verification Form.

Note: Parent/caregiver/guardian is only responsible for thirty (30) days of past due School Readiness parent fees.

Parent/caregiver/guardian must return this completed form to their local Coalition office
(Nature Coast Coalition office information listed below)

Authorized Signature of Child Care Provider
(Authorized Signature must be Director or Owner)

Date

ELCNC-201 Rev. 4 9/12/11

Chiefland Office
212 N. Main Street
Chiefland, FL 32626
Phone: 352-490-5855
Fax: 352-490-6762
Toll-Free: 877-840-5437

Crystal River Office
1566 N. Meadowcrest Blvd.
Crystal River, FL 34429
Phone: 352-563-9939
Fax: 352-563-5933
Toll-Free: 877-336-5437

Sumter Office
114 N. Jumper Drive
Bushnell, FL 33513
Phone: 352-793-5430
Fax: 352-793-6230