



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

School Readiness Program Notice of Fee Change

Name of Parent/Guardian: _____

Name of School Readiness Provider: _____

Program: _____ Eligibility dates: ___ / ___ / ___ to ___ / ___ / ___

Fee for the following child(ren) is effective ___ / ___ / ___

Name of Child	Daily Fee	
	Full Time	Part Time

Comments: _____

Signature of Client Services Counselor

Date

ELCNC use only:

Copy: Client File Parent/Guardian Provider Finance
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