



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

School Readiness Program Notice of Schedule Change

Name of Parent/Guardian: _____

Name of School Readiness Provider: _____

Program: _____ Eligibility dates: ____ / ____ / ____ to ____ / ____ / ____

Schedule for the following child(ren) is effective ____ / ____ / ____

Name of Child	Schedule	Daily Fee	
		Full Time	Part Time

Comments: _____

Signature of Client Services Counselor

Date

ELCNC use only:

Copy: Client File

Parent/Guardian

Provider

Finance

ELCNC-203 Rev. 1 7/13/09