



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

School Readiness Program Notice of Additional Placement

Name of Parent/Guardian: _____

Provider: _____

Program: _____ Eligibility Dates: ___/___/___ to ___/___/___

Additional Placement for the following child(ren) is effective ___/___/___

Name of Child	Date of Birth	Daily Fee	
		Full Time	Part Time

Comments:

Client services Counselor _____ Extension _____ Date _____

Copy: Client File Parent/Guardian Provider Finance
ELCNC-290 Rev. 3 8/28/09

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