



Request to Withdraw or Transfer

SECTION I: To be completed by current School Readiness Provider (You may attach supporting documentation such as invoice, receipt, letterhead statement as proof of satisfactory of parent copayment collection or repayment agreement.)

SECTION II: TO BE COMPLETED BY THE REFERRING CASEWORKER OF AT-RISK CHILDREN UNDER THE AGE OF SCHOOL ENTRY ONLY IN THE EVENT OF A PROVIDER WITHDRAWAL / TRANSFER REQUEST.

Child Name	DOB	Coalition Parent Fee Paid In Full <i>through withdrawal date?</i> (Last 30 days of fee)		Other Fees Owed to Provider <small>(Other than parent fees)</small>	Transfer Permitted?		Caseworker Signature	Date
		Yes	No / Parent Fee Balance Owed		Yes	No		
			\$	\$			Comments: _____ _____ _____ _____ _____	
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				

DATE STUDENT LAST ATTENDED: _____/_____/20____ **Center/Home:** _____

Owner/Director: _____ **Provider Signature:** _____ **Date:** _____

My signature confirms the parent's fulfillment of the co-payment obligation or establishment of a repayment plan.
 Supporting documentation such as receipt of payment or repayment agreement is attached? Yes or No (circle one)

SECTION III: To be completed by the Parent ONLY in the event of a provider transfer.

Parent Name: _____

My child(ren) are attending: _____ I wish to transfer my child(ren) to:
 _____ Start Date at New Site: _____

Reason for Transfer: _____

By signing below, I understand I could risk losing my child care if there is an outstanding balance with any provider receiving school readiness funding.
 Parent Signature: _____ Date: _____ **PARENT SIGNATURE CONFIRMS PROOF OF TRANSFER AND WITHDRAWAL.**

Coalition Staff: _____ Date: _____