



REQUEST FOR WITHDRAWAL or TRANSFER
 (Circle one.)

Date: _____ Parent/Guardian Name: _____

Section I: To be completed by current School Readiness Provider

Child Name	SSN	DOB	Coalition Co-payment Paid in Full?		Amount of Other Fees Owed to Provider
			Yes	No/How much owed	

Program Name: _____ Date: _____

Director/Designee Signature: _____ Date: _____

Section II: To be completed by Care Manager from Referring Agency

Child Name	SSN	DOB	Rilya Wilson Reporting Requirements	CCA Valid	Transfer Permitted
			Yes No	Yes No	Yes No

Care Manager Signature: _____ Date: _____

Agency Name: _____ Phone #: _____

Section III: To be completed by parent/guardian

My child(ren) are currently enrolled/attending: _____

I wish to transfer my child(ren) to: _____ Start Date: _____

Reason for transfer: Moved Issues w/care Program Changes Other

Please explain (reason for transfer): _____

By signing below, I understand that I risk losing my child care if there is an outstanding balance with any provider receiving School Readiness funding.

Parent/Guardian Signature: _____ Date: _____

Coalition Staff Signature: _____