

Scholarship Childcare Enrollment Withdrawal

Provider Name _____ Parent/Guardian _____

Child Name _____ Last Day of Attendance _____

Child Name _____ Last Day of Attendance _____

Child Name _____ Last Day of Attendance _____

Child Name _____ Last Day of Attendance _____

Reason for withdrawal:

- Parent choice to withdraw
- Moved out of the area
- Child dismissed from program by Provider
- Loss of contact
- Other: _____

Parent-Provider Account Status [Please check all that apply]:

- Parent fees are paid in full.
- A balance remains open as follows:

\$ _____	Parent fees
\$ _____	Differential fees **
+ \$ _____	Other miscellaneous fees **
= \$ _____	Total due

Parent/guardian has made satisfactory arrangements to pay parent fees owed.

**** The contract between the provider and the parent is not enforceable by the ELCFH.**

Provider Signature _____ Date _____ Parent Signature _____ Date _____

Provider is responsible for collecting the parent fee and issuing parent/guardian a receipt for fees that are paid including the dates of services covered. If a parent does not pay their parent fee, the ELCFH must be contacted within thirty (30) days in order to lend provider support, in the form of letters and follow up with the parent.

Reference ELCFH SR Provider Contract: Provider Compensation and Funding (5.) & Provider's Responsibility to the Parent (5.)



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