

Early Learning Coalition of Florida's Heartland, Inc.

Scholarship Childcare Enrollment Withdrawal

Provider Name _____ Parent Name _____

Child Name _____ Child Name _____

Child Name _____ Child Name _____

Please check all that apply:

- Parent and provider have agreed that child's last day of care will be _____.
- Parent has honored the provider's written policy by providing required notice of withdrawal.
- Parent fees are paid in full.
- A balance of \$_____ in parent fees remains open. This amount does not include any differential or miscellaneous fees.
- Parent has not honored the provider's written withdrawal policy regarding advance notice.
- Provider requests a reimbursement extension for the following days, not to exceed five days.

Parent Signature

Date

Provider Signature

Date

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3028 Caring Way, Suite 4
Port Charlotte, FL 33952
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Fax: 941 255-5856
Toll-Free: 866-639-4902

♥ DeSoto Office
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Fax: 863 494-5291
Toll Free: 866-639-4979

♥ Hardee Office
324 N. 6th Avenue,
Wauchula, FL 33873
Phone: 863-767-1002
Fax: 863-767-1007
Toll Free: 877-767-1002

♥ Highlands Office
209 N. Ridgewood Drive
Sebring, FL 33870
Phone: 863-314-9213
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