

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org
cs@elcfh.org

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:

<input type="checkbox"/> Parent choice to withdraw	<input type="checkbox"/> Moved out of the area
<input type="checkbox"/> Child dismissed from program by Provider	<input type="checkbox"/> Loss of contact
<input type="checkbox"/> 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 **
<hr style="border-top: 3px double #000;"/>	
= \$ _____	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 _____
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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.)



Charlotte Office
2886 Tamiami Trail, Suite 1
Port Charlotte, FL 33952
Phone: (941) 255-1650
Fax: (941) 255-5856

Highlands Office
6432 US HWY 27 South
Sebring, FL 33876
Phone: (863) 314-9213
Fax: (863) 314-4480

