

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 **
= \$ _____	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.)



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"INVESTING IN CHILDREN – INVESTING IN OUR FUTURE"