Episcopal Children's Services Provider Transfer Request

Parent/Guardian Name: _____

Children: 1. _____ DOB_____

2. _____ DOB_____

3. _____ DOB_____

4. _____ DOB_____

Transfer Date (Last date of attendance at current Provider): ____/____/20____

TO BE COMPLETED BY CURRENT CHILD CARE PROVIDER:

Name of Current Provider: _____

1. Does the client have any outstanding parent co-payments (parent fees) owed? ☐ Yes ☐ No ☐ N/A
   (**the parent's portion of the Co-opted daily rate*)
2. If yes, enter outstanding amount $_____
3. Have payment arrangements been made? ☐ Yes ☐ No ☐ N/A

Provider Signature: _____ **Date**: ____/____/20____

Note: After the Provider Transfer Request is completed by the Provider, the parent/guardian must contact ECS4Kids, provide this document, and sign the new payment certificate BEFORE the child(ren) can begin attending new Provider. Otherwise, they are considered private pay until ECS4Kids completes the transfer.

TO BE COMPLETED BY ECS4Kids STAFF:

For All Clients:

1. Did the childcare provider provide to ECS4Kids documentation of repayment attempts? ☐ Yes ☐ No ☐ N/A
2. Transfer Approved by ECS4Kids Staff? ☐ Yes ☐ No

Date Approved: ____/____/20____ **Signature of ECS4Kids Staff Member**: _____

Parent/Guardian: By signing below, you are verifying the following information:

New childcare Provider I have chosen: _____ **Start Date (At new Provider):** ____/____/20____

My child(ren) will be attending: ☐ Full time (Between 6-11 hours or care per day)
☐ Part time (No More than 6 hours of care per day)
☐ Before and after school
☐ Only holidays, summer, and days school is out

Requesting the following days (Please place a check mark under each day they will be attending):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I understand that I must pay the difference between what the Provider charges and the amount ECS4Kids pays and any additional childcare that I use beyond the time and days which I have been authorized in the voucher certificate.

_____ _____

Parent/Guardian Signature **Date** **ECS4Kids Staff Signature** **Date**