



Program Transfer

Request

Today's Date: _____ Requested Transfer Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Child's Name	Date of Birth	Care Requested <small>(Full Days, Before or After School, PD Day, Breaks, Extended AM or PM)</small>	Days of Care Requested <small>(Circle)</small>	Hours Requested
			M T W Th F Sat Sun	
			M T W Th F Sat Sun	
			M T W Th F Sat Sun	

Current Location: _____ New Location Requested: _____

I, _____, understand that my request is pending approval from the Child Care Supervisor(s).

Parent/Guardian Signature: _____ Date: _____

Current Supervisor Signature: _____ Date: _____

Comments: _____

Approval

Child's Name	Approved Care <small>(Full Days, Before or After School, PD Days & Breaks, Extended AM or PM)</small>	Approved Days of Care <small>(Circle)</small>	Program/Room
		M T W Th F Sat Sun	
		M T W Th F Sat Sun	
		M T W Th F Sat Sun	

Supervisor Signature: _____ Date: _____

Confirmed Start Date: _____ Subsidy was notified: Yes No N/A

Parent/Guardian Signature: _____ Date: _____

Note: Please attach a complete photocopy of the registration package for all Home Child Care transfers.

Building healthy communities

For Office Use: Date Received: _____ Staff Initials: _____ Finance Completed by: _____ (Initials) Date: _____
