



Early Learning Coalition of Pasco and Hernando Counties, Inc.
Provider Request to Transfer Children
Classroom to Classroom

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ **DATE:** _____

List the children transferring between classrooms:

Child's Name (as written on certificate)	Current Classroom					New Classroom				
	A	B	C	D	Other: ____	A	B	C	D	Other: ____

Submit Form To:

Brooksville Office (Hernando County)
 26 S. Brooksville Avenue
 Brooksville, FL 34601
 Phone: (352) 754-5068
 Fax: (352) 799-8159

Dade City Office (East Pasco County)
 15000 U.S. Highway 301
 Dade City, FL 33523
 Phone: (352) 834-0052
 Fax: (352) 521-9855

New Port Richey Office (West Pasco County)
 7334 Little Road, Suite 102
 New Port Richey, FL 34654
 Phone: (727) 569-1004
 Fax: (727) 847-6929

Official Use Only
Date Received: _____
Received By: _____
Transfer Complete:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed By: _____
Date Completed: _____