

Parent/Guardian may upload the completed form to the Family Portal or bring it one of the Early Learning Coalition of Hillsborough County offices listed below.
Please allow up to 5 business days to process.

Date: _____ Parent/Guardian Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

E-mail: _____

Parent/Guardian's Current Work Schedule: _____

Name of Child(ren) Needing Second Provider	Child's Date of Birth	Effective Date for Second Provider

Second Provider Information

Child Care Facility/Child Care Provider: _____

Child Care Address: _____

Child Care Phone Number: _____ Fax Number: _____

I understand by signing this request I authorize ELCHC to enact the change I have hereby requested.

Signature of Parent/Guardian

Date

School Readiness Eligibility Office Locations:

**EARLY LEARNING COALITION OF
HILLSBOROUGH COUNTY**
6302 East Dr. Martin Luther King, Jr.
Blvd., Suite 100
Tampa, FL 33619
Ph: 813-515-2340

OFFICE USE ONLY:
Date Received: _____ **Request Completed?** Yes No
If No, Reason: _____
If Yes, date with Child care certificate provided to provider and client: _____
SR Forms completed and attached with client's paperwork:
 Second Provider Request Form **Copy of Child Care Certificate**
Processing Staff: _____ **Date of Enrollment:** _____