



**\*\* FAILURE TO SUBMIT THIS DOCUMENT TO FAMILY SERVICES BY CLOSE OF BUSINESS ON THE 5<sup>TH</sup> CONSECUTIVE ABSENCE DAY WILL RESULT IN NON-COMPLIANCE OF YOUR SCHOOL READINESS CONTRACT (PAGE 6, SECTION III, PARAGRAPH 21) \*\***

## SCHOOL READINESS CHILD WITHDRAWAL FORM

- Provider must submit this School Readiness Child Withdrawal Form in the event that a child is absent five (5) consecutive days without contact from the custodian. (Rule 6M-4.500(4)(c))
- Provider must submit this School Readiness Child Withdrawal Form in the event that a child is absent 10 unexplained days within a month without contact from the custodian. (Rule 6M-4.500(4)(d))
- Once this form has been submitted to ELCMC; the information provided will be reviewed and researched to determine the need for continued childcare services with the custodial parent.
- If a decision is made to terminate the child's enrollment from your center, the child will no longer appear on your attendance roster.
- The custodian will be notified that they must obtain a zero balance transfer to a new provider or provide a status update to remain with their current provider within 10 calendar days to prevent termination from the School Readiness Program.
- The child's School Readiness eligibility will not be affected and will continue until the end of the authorized eligibility period once contact is established with the custodian.
- Please do not submit this form for **FAILURE TO PAY FEES**.  
This form will not be accepted and returned to the provider if the provider, child and custodian names are missing from the form. These items are required and no action will be taken until the form is complete.
- This form is **NOT** needed if the child has transferred out of your program or if services have been terminated by the Coalition. Also, if the child schedule is for VHS (vacation, holiday, summer) **ONLY**, this form is **NOT** needed unless you are withdrawing the child from your program.

(Please print legibly)

Provider Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Last Date of attendance in program: \_\_\_\_\_

Reason for Withdrawal:

- Loss of contact with custodian and child is no longer in attendance.
- Moving out of area.
- Never attended.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ELC Staff Signature

\_\_\_\_\_  
Date