



FORM 155

Provider Site Transfer Form

Current Site Name: _____ Last day: _____

New Site Name: _____ Start Date: _____

Child Name	Parent Name	Parent Signature

Form must be completed and submitted to ELC Polk one week prior to start date at new center.

By signing this form, I confirm that families listed above have a zero co-payment at time of transfer.

_____ Current Site Director Name	_____ Director Signature	_____ Date	_____ Contact Phone #
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By signing this form, I agree that families must transfer prior to starting at new site, and clients are responsible to sign their new certificate.

_____ New Site Director Name	_____ Director Signature	_____ Date	_____ Contact Phone #
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