

**CLASS TRANSFER OF A CHILD AT SAME LOCATION  
INTERNAL TRANSFER BETWEEN CLASSES AT A VPK PROVIDER SITE**

The PROVIDER agrees that it shall follow the notification requirements adopted by the COALITION for completing the class transfer of a child. Please use this form to notify Family Central of any internal class transfers that require a parent's/guardian's approval in writing. Please have the parent/guardian complete this form. Please fax this form to 954-724-7572 at the close of business each day if you have changes to report. This will enable Family Central to follow best practices and have a more accurate accounting of children in each of your VPK classes. Please keep these forms on file.

The provider or school must obtain written consent of the student's parent/guardian before changing the student's enrollment to another class, if the change would:

1. Count as the student's one-time re-enrollment for good cause or extreme hardship, or
2. Cause a change in the times or days of the student's VPK class schedule.

**Examples of this include:**

- Moves from 3 hour a.m. program to 3 hour p.m. program (need parent/guardian signature but does not count as one-time re-enrollment)
- Move from Mon, Wed, Fri. program to a Tues, Thurs., Sat. program (need parent/guardian signature but does not count as one-time re-enrollment)
- Moves from 3 hour program to 6 hour program (need parent/guardian signature but does not count as one-time re-enrollment)
- Internal transfer from one class to another class with the same hours and days does not require written parent/guardian consent sent to Family Central. However, parent/guardian consent should be obtained prior to making the move.

**CHILD CLASSROOM CHANGE**

Name of Child with Internal Transfer: \_\_\_\_\_

<input type="checkbox"/> Old Classroom Transfer Date _____	Class schedule (days, hours/day) _____
<input type="checkbox"/> New Classroom Transfer Date _____	Class schedule (days, hours/day) _____
<input type="checkbox"/> Parental Consent Obtained Consent Date _____	Parent/Guardian Name _____ Parent/Guardian Signature _____

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

Provider Address: \_\_\_\_\_

\_\_\_\_\_  
Director/Owner Printed Name

\_\_\_\_\_  
Director/Owner Signature

**FC/VPK use only:**

APPROVED by: \_\_\_\_\_

NOT APPROVED by: \_\_\_\_\_

Effective date: \_\_\_\_\_