



Request for Suspended Enrollment

Date: _____

Clients are required to submit the Request for Suspended Enrollment Request form to the Family Services Department at least 72 hours before the date the suspension is needed.

Dates of requested suspended enrollment (Please contact ELC once child returns):

Start Date: _____

Return Date: _____

Reason for Suspended Enrollment:

Temporary break for summer vacation

Child visitation with non-custodial parent

Medical situation (Please provide supporting documentation)

Comments:

Parent/Guardian:

Name _____

Signature: _____

Phone: _____

Provider:

Name: _____

Signature: _____

Phone: _____

Eligibility Staff (For Coalition Use Only):

Approved _____

Not Approved _____

Comments:

Eligibility Specialist Signature _____ Date: _____