



## Request for Suspended Enrollment

Date: \_\_\_\_\_

**Clients are required to submit the Request for Suspended Enrollment Request form to the Family Services Department at least five (5) days before the date the suspension is needed.**

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

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

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

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

Dates of requested suspended enrollment (**Parent MUST contact ELC once child is ready to return**):

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

Start Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

**Circle Reason for Suspended Enrollment:**

- Temporary break for summer vacation
- Child visitation with non-custodial parent
- Medical situation (Please provide supporting documentation)
- Other (Explain below):

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**Parent/Guardian:**

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

**Provider:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_