

**TRANSFER FORM**      **ECCE REF NO:** \_\_\_\_\_ **(EXISTING PROVIDER)**

**Early Childhood Care & Education (ECCE) Programme**

***Part A – To be completed by existing Preschool Service (BLOCK CAPITALS)***

I, \_\_\_\_\_ **Manager/Owner** (circle as approp.)  
 at \_\_\_\_\_ Preschool, **ECCE Ref No:** \_\_\_\_\_  
 where \_\_\_\_\_ has been attending the **38 week model / 41 week model / 50 week model @2.15 hrs / 50 week model @3.45 hrs** (circle as approp.) ECCE Programme, for \_\_\_ days a week have been informed that s/he will not be attending this service from **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ and understand that no further capitation will be paid by this office to this service in respect of this child from the end of the current term.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Part B – To be completed by Parent/Guardian (BLOCK CAPITALS)***

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
 whose **PPS No:** is \_\_\_\_\_, apply for his/her ECCE capitation to be transferred to \_\_\_\_\_ Preschool, effective from Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

***I declare that this child has not been supported with Community Childcare Subvention (CCS) this academic year.***

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Part C – To be completed by the New Preschool Service (BLOCK CAPITALS)***

I, \_\_\_\_\_, **Manager/Owner** (circle as approp.)  
 at \_\_\_\_\_ Preschool **ECCE Ref. No:** \_\_\_\_\_,  
 have allocated a \_\_\_ day week ECCE place on the **38 week model/ 41 week model / 50 week model @2.15hrs/50 week model @ 3.45hrs** (circle as approp.)  
 ECCE Programme to the above child from the start of the **Jan / Apr / July term** (circle relevant term).

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_