

TRANSFER FORM

To transfer an ECCE payment for a child moving from one facility to another for the next term please note:

- The existing service, the parent and the new service must complete their parts of this form.
- The existing service must complete Part A where a child is leaving their service for another one. If a service refuses to do so, the parent is advised to contact their City/County Childcare Committee.
- The completed form must be sent to Childcare Directorate 3 weeks before the end of the preceding term as term payments are made in advance.
- A copy of the child's birth certificate and proof of child's PPSN must be sent with this form.
- Transfers cannot be paid where a child is moving from the 38 week model to the 50 week model.
- Parents should note that the transfer payment will only commence from the start of the new term and any service provided between terms at the new service must be paid for by the parent.
- The ONLY case where a capitation will be withdrawn from a service mid-term (i.e. following payment) is where a child is expelled (or suspended for more than one week).

(NB For 38/41 week services, the three terms are the September Term, the January Term, and the April Term. 50 week services also have a July Term).

Part A – To be completed by the original service

I, _____ (BLOCK CAPITALS), staff member at _____
Pre-school (ECCE Ref. _____) where _____ (Child's Full Name) started on
_____ and has been attending the ECCE Programme for _____ days on the _____ (38/41/50)
model, have been informed that s/he will not be attending this service from _____, and understand
that no further capitation will be paid by the OMCYA to this service in respect of this child. Please state the
number of ECCE weeks until the end of term that the service will have been contracted for _____. If the
child was attending under the 50 week model was it for 2 hours 15 minutes a day or 3 hours 45 minutes over
3 or more days? (Please delete as appropriate)

Signed _____ Date _____

Part B – To be completed by the Parent

I _____ (Full Name BLOCK CAPITALS), parent of _____, whose
PPS Number is _____, apply for his/her ECCE capitation to be allocated to _____
pre-school, effective from the _____ (Jan/Apr/Jul) term. I declare that this child has not been
supported under the Community Childcare Subvention Scheme (CCSS) in 2010.

Signed _____ Date _____

Part C – To be completed by the new service

I, _____ (BLOCK CAPITALS), manager at _____ pre-school
(ECCE Ref. _____), have allocated _____ days per week ECCE place under the _____
(38/41/50) model to the above child from the start of the _____ (Jan/Apr/Jul) term. If the child will be
attending under the 50 week model will it be for 2 hours 15 minutes a day or 3 hours 45 minutes over 3 or
more days? (Please delete as appropriate)

Signed _____ Date _____

