

York County Head Start  
Change of Information Form

Child's Name: \_\_\_\_\_

Name of Person Reporting Change: \_\_\_\_\_

**Phone Number Change**

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Address Change**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Changes** (please include full name, full address, and all phone numbers)

Add: \_\_\_\_\_

Remove: \_\_\_\_\_

**Pick Up List Changes** (please include a phone number)

Add: \_\_\_\_\_

Remove: \_\_\_\_\_

**Other:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Office Use Only**

Date received \_\_\_\_\_

By Whom: \_\_\_\_\_

- Child's File Updated
- HSFIS Updated
- Staff Notified

Date \_\_\_\_\_ By Whom: \_\_\_\_\_  
Date \_\_\_\_\_ By Whom: \_\_\_\_\_  
Date \_\_\_\_\_ By Whom: \_\_\_\_\_