



Change of Information

Child's Name: _____ DOB: _____ Classroom: _____

LEGAL NAME CHANGE Child Parent Effective Date: _____

Changed From: _____ Changed to: _____

CHANGE OF ADDRESS/ PHONE NUMBER

New Address _____
Address Apt. # City Zip Code

Type of Phone Number Change:

Home: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT CHANGE

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

PICK UP LIST CHANGE

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

Add Remove Name _____ Relationship _____

Phone #: _____ Address: _____

OTHER/ COMMENTS:

Parent/Guardian Signature: _____ Date: _____

Date Received: _____	By Whom: _____
Date Child's File Updated: _____	By Whom: _____
Date ChildPlus Updated: _____	By Whom: _____
Date Staff Notified: _____	By Whom: _____