



CHANGE OF INFORMATION FORM

Date _____ Child's Name _____

School _____ Site _____

Home Phone Number _____

Email Address _____

Information I need to change: (please check all that apply)

_____ ***Address***

New Address _____

_____ ***Phone Numbers***

Home Number _____

Mom's Work Number _____ Mom's Cell Number _____

Dad's Work Number _____ Dad's Cell Number _____

_____ ***Names To Add To The Pick-Up Permission Form***

1) Name _____ Relationship To The Child _____

Home Number _____ Work Number _____

2) Name _____ Relationship To The Child _____

Home Number _____ Work Number _____

Signature of Enrolling Parent or Guardian

Date