



## Change of Information Form

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

Name of Child: \_\_\_\_\_ Classroom: \_\_\_\_\_

**Please select and fill out either section A or section B below.**

\_\_\_\_\_ **A.** \_\_\_\_\_ **Add** or \_\_\_\_\_ **Drop** Contact: Do you Authorize this person to pick up?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **B.** Drop Effective Date: \_\_\_\_\_ Reason \_\_\_\_\_

**\*\*\*2 weeks noticed required\*\*\***

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

**\*\*\*Must be signed by Parent to be effective\*\*\***