



## Change of Information Form

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

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

\_\_\_\_\_ **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.** Change in Enrollment Selected

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

From (Days – Hours): \_\_\_\_\_ To (Days – Hours) \_\_\_\_\_

**(For Monthly Payment Plans: changes must be made at the beginning of the month or payments will be converted to a weekly payment plan.)**

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

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

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

Owner or Director Signature: \_\_\_\_\_ Office Staff \_\_\_\_\_

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