

**REQUEST FOR CHANGE OF INFORMATION**

11/06

Child's Name \_\_\_\_\_ Location \_\_\_\_\_  
Date of Request \_\_\_\_\_ Effective Date \_\_\_\_\_

**PLEASE CHANGE THE FOLLOWING AS NOTED BELOW:**

**FOR: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ (please list below)**

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ **LEGEND:**  
Business Address: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ (R) Remove  
Add to Pick-up list: \_\_\_\_\_ Medical: \_\_\_\_\_ (A) Add  
Emergency Contact: \_\_\_\_\_ Other: \_\_\_\_\_ (C) Change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Administrative Signature \_\_\_\_\_ Date \_\_\_\_\_

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