

Change of Information Form

(Please print clearly)

Child's Name: _____ Classroom: _____

NEW ADDRESS: _____
Street City Zip Code

NEW TELEPHONE #: Cell _____
Home _____
Work _____

NEW EMAIL ADDRESS: _____

Authorized Escorts:

ADD:

1) _____ Name	2) _____ Name
_____ Phone #	_____ Phone #
_____ Address	_____ Address

DELETE:

1) _____ Name	2) _____ Name
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Medical Issues: _____

Legal Issues: _____

Parent/Guardian Signature

Print Name

Date