



Change of Information form

Phone Number

Email Address

Address

Pick up

DATE _____

Distribution

Front Desk

Classroom

Early Morning

Afterschool

Support Teacher

Child's Name: _____ **Classroom** _____

New: Home Phone: _____ Daytime Phone: _____

Cell Phone: _____

New: Email: _____

New: Address: _____ City _____ Zip: _____

School District _____

New: Pick up person _____
(name) (relationship to child)

Daytime Phone: _____ Cell Phone: _____

Parent/ Guardian _____ **Date** _____
(signature)

Relationship to child _____