



Change of Information Notice

Please help us to keep our records updated by filling out the following form with any pertinent information that may have recently changed

Child's Name:					
Address:					
Mother's Work #:		Home #:		Mobile #:	Email:
Father's Work #:		Home #:		Mobile #:	Email:
Relative /Alternate:					Phone:
Above Information is: <input type="checkbox"/> Additional <input type="checkbox"/> Replaces <input type="checkbox"/> Remove					
Physician:			Phone:		Hospital (preference):
Allergies: (food, medication and environment)					
Other Significant Information:					
Parent Signature:					Date:
For Administrative Use:					
Change Effective: _____		Changes have been made to the following as applicable:			
		<input type="checkbox"/> Van Manual	<input type="checkbox"/> Emergency Card	<input type="checkbox"/> Notice filed in Child's File	<input type="checkbox"/> Computer Record <input type="checkbox"/> Director Information Notebook
				<input type="checkbox"/> Classroom/Village Toolbox	<input type="checkbox"/> Nurse Information Notebook

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