

CHANGE FORM

CHILD DROP OFF / PICK UP AUTHORIZATION

CHILD'S NAME (Please print) _____

Today's Date _____

Parent's Signature _____

Reason for change: Delete From List Add to List Change of Address / Phone

Please print

1. Name _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship : Grandparent / Relative / Family Friend / Daycare Provider

2. Name: _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship : Grandparent / Relative / Family Friend / Daycare Provider

3. Name: _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship: Grandparent / Relative / Family Friend / Daycare Provider

NOTE: NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD. PARENTS, GRANDPARENTS, AUNT, UNCLE, ETC.)