

ALDRIDGE CHILD DEVELOPMENT CENTER

CHANGE OF INFORMATION FORM

Parent's name: _____

Child's name: _____

Date: _____

My new name is: _____

My child's new name is: _____

My new home address is: _____

My new home phone number is: _____

My cell phone # is: _____

My pager # is: _____

My new place of employment/training is: _____

My new work/school phone number is: _____

My new work hours are: _____

The following people are to be added to those people authorized to pick up my child(ren):

Please include their full name and a telephone number where they can be reached.

The following people are to be taken off my list of people authorized to pick up my child(ren):

