

CHANGE OF INFORMATION

It is your responsibility to notify provider of any change in your address, telephone, place of employment, etc. Please complete this form and return to Country Daycare with any/all changes.

CHILDS NAME: _____

DATE CHANGES EFFECTIVE: _____

PARENT NAME:	NEW NAME::
OLD ADDRESS:	NEW ADDRESS:
OLD PHONE:	NEW PHONE:
OLD EMPLOYMENT: (name/address/phone)	NEW EMPLOYMENT: (name/address/phone)
Please list any other changes that may effect my care of your child: (insurance changes, etc.)	Extra Comments:

If you have need to change your contracted hours, pick up person, or other daily information, please ask provider, do not add those changes to this form. Thank you

Country Daycare

Stacy Willie
(419) 289-0412