



2026-2027 Information Change Form

FAMILY INFORMATION

(This section must be completed.)

Student's Name: _____
Last First

Parent's Name: _____
Last First

Teacher's Name: _____ Grade: _____

ADDRESS AND TELEPHONE CHANGES

(List only the **NEW** information)

Address _____
City ST ZIP

Home Phone (xxx)xxx-xxxx _____

Father's Employment _____ Mother's Employment _____
Work _____ Work _____
Cell _____ Cell _____

Email Address _____

CLASS STATUS CHANGE

Changes will be effective 1st of the following month. (subject to approval)

- There will be a \$30.00 fee for changing the class status.

Preschool and Pre-Kindergarten Only:

Please change my child's class to _____ M-F _____ MWF Effective Date: _____

Pre-Kindergarten Only (Nap Option):

_____ YES, my child will nap _____ NO, my child will not nap Effective Date: _____

Preschool or Pre-Kindergarten Only:

Please change my child's class to _____ Full-Day _____ Half-Day (AM) Effective Date: _____

TUITION PAYMENT PLAN CHANGE

- There will be a \$30.00 fee for changing the payment plan option.

Change my Tuition Plan to _____ Annual (payment due August 5)
_____ Semi-Annual (payment due August 5 and December 5)
_____ 10-month (August-May) (only available if enrolled by July 1)
_____ 9-month (September-May)

CHILD PICK-UP – PERMISSION

(Add/Delete names of those allowed to pick up your child from school.)

Please **ADD** the following to my pick-up list: _____ Please **DELETE** the following to my pick-up list: _____

OTHER CHANGES

Please describe: _____

Parent's Name (By placing your name in this box, you are acknowledging that you are the parent/guardian and approve the information on this form.)

Date

OFFICE USE ONLY

Received By/Date: _____ / _____ Input By/Date: _____ / _____ Billing Office/Date Input: _____ / _____ CC Office/Date Input: _____ / _____