2026-2027
INFORMATION CHANGE FORM

FAMILY INFORMATION (THIS SECTION MUST BE COMPLETED)

Student's Name: _____
Last *First*

Parent's Name: _____
Last *First*

Teacher: _____ Grade: _____

ADDRESS AND TELEPHONE CHANGES (LIST ONLY NEW INFORMATION)

Address: _____

_____
City *State* *Zip*

Email: _____

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

CLASS STATUS CHANGE (CHANGES WILL BE EFFECTIVE 1ST OF THE FOLLOWING MONTH UPON APPROVAL)

There will be a $35 fee for changing the class status

Preschool and Pre-Kindergarten Only:
Please change my child's class to: ☐ M-F ☐ MWF Effective Date: _____

Preschool or Pre-Kindergarten Only: ☐ Full Day ☐ Half-Day (AM) Effective Date: _____
Please change my child's class to:

Pre-Kindergarten Only: ☐ YES, My child will Nap ☐ NO, My child will not nap Effective Date: _____

TUITION PAYMENT PLAN (CHANGES WILL BE EFFECTIVE 1ST OF THE FOLLOWING MONTH -PLEASE SEE NADINE)

There will be a $30 fee for changing the payment plan option

Change my Tuition plan to: ☐ Annual (Due Aug 5) ☐ Semi-Annual (Due Aug 5 & Dec. 5) ☐ 10-Month (Aug -May if enrolled by Jul. 1) ☐ 9-Month (Sept - May)

CHILD PICK-UP PERMISSION (ADD/DELETE NAMES OF THOSE ALLOWED TO PICK UP YOUR CHILD)

Please **ADD** the following to my pick-up List:

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Please **DELETE** the following from my pick-up List:

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

_____ _____
PARENT'S NAME (By signing your name on this line, you are acknowledging that you are the parent/guardian and approve the information on this form.) **DATE**

OFFICE USE ONLY

Received by/Date: ____/____ Admissions / Date: ____/____
CC Office/Date Input: ____/____ Financial/Date: ____/____