

FIRST STEPS DAYCARE

Change Form

Child's Name: _____ Date: _____

Parent's Name: _____

DAILY SCHEDULE:

Current Schedule: drop off: _____ pick up: _____

Schedule Change: drop off: _____ pick up: _____

Date This Change is Effective: _____

THOSE AUTHORIZED TO PICK UP CHILD:

Remove Name: _____

Add Name: _____ Phone#: _____

Date This Change is Effective: _____

Remove Name: _____

Add Name: _____ Phone#: _____

Date This Change is Effective: _____

Extra Notes:

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____