

# Change of Status

Please use this form to record necessary changes made during the year to the original child and family information listed on the application. This sheet should then be attached to the application. The parent is only required to sign this form if he/she is making a change in the Emergency Contact Information section.

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Center

## General Information

### Legal Name Change For:

Child  (Check One)  
Parent

Change From: \_\_\_\_\_

Change To: \_\_\_\_\_

### Change of Address / Phone:

New Address: \_\_\_\_\_  
\_\_\_\_\_

New Phone #(s): \_\_\_\_\_  
\_\_\_\_\_

Type

Identify if phone # is home, work, or cell in "type" space

### Transportation:

Pick up location: \_\_\_\_\_

Drop off location: \_\_\_\_\_

Directions to Home: \_\_\_\_\_  
\_\_\_\_\_

### Change of Insurance:

Child  
 Primary Caregiver  
 Secondary Caregiver

\_\_\_\_\_  
Previous Insurance

\_\_\_\_\_  
New Insurance

## Emergency Contact Information

Please use the sections below and the corresponding boxes to **add or delete** individuals (from the original list given by the parent) that a child may be released to or may be contacted in case of an emergency. You will also use this section to **change phone numbers for emergency contacts**. If the person will not be an emergency contact, the phone # is not required.

Name: _____	Phone: _____	Release To		Contact	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: _____	Phone: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: _____	Phone: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/Guardian Signature: \_\_\_\_\_

## Parental Status

*This section should only be used if the child has been placed with a new family*

### Parental Status has now changed to the following:

Biological Parents   
Foster Care   
Other \_\_\_\_\_

List information for the new caregivers:

**PC** Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Gender \_\_\_\_\_  
Education Level \_\_\_\_\_  
Employment Status \_\_\_\_\_  
Employer Name \_\_\_\_\_

**SC** Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Gender \_\_\_\_\_  
Education Level \_\_\_\_\_  
Employment Status \_\_\_\_\_  
Employer Name \_\_\_\_\_

## Comments

If you have any additional comments concerning a change in this child's information, please list them on the lines below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Staff Signature**

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**Date**