

**Participant Information Change Form**

Child's Name: \_\_\_\_\_

Site: \_\_\_\_\_

**Old Schedule:**     \_\_\_\_\_ Full Time (4-5 days)                      \_\_\_\_\_ Part Time (1-3 days)

\_\_\_\_\_ Before                      \_\_\_\_\_ After                      \_\_\_\_\_ Before & After

\_\_\_\_\_ Monday     \_\_\_\_\_ Tuesday     \_\_\_\_\_ Wednesday     \_\_\_\_\_ Thursday     \_\_\_\_\_ Friday

**New Schedule:**     \_\_\_\_\_ Full Time (4-5 days)                      \_\_\_\_\_ Part Time (1-3 days)

\_\_\_\_\_ Before                      \_\_\_\_\_ After                      \_\_\_\_\_ Before & After

\_\_\_\_\_ Monday     \_\_\_\_\_ Tuesday     \_\_\_\_\_ Wednesday     \_\_\_\_\_ Thursday     \_\_\_\_\_ Friday

**Effective Date New Schedule will start:** \_\_\_\_\_

New Monthly Rate: \_\_\_\_\_

New Home Telephone #: \_\_\_\_\_

New Work Telephone #: \_\_\_\_\_

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

New Emergency Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

New Emergency Contact Address: \_\_\_\_\_

Other New Information:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Transmittal

\_\_\_\_\_ Billing