



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Child Care Add-Drop-Change Form

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: IVEY MCA REY EMP Grade: K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

Attendance changes to be made:

Change from: AM Only PM Only Both AM/PM  
Change To: AM Only PM Only Both AM/PM Dropping Care  
Fees Due for Additional Care: \$ \_\_\_\_\_

Do you currently have Financial Assistance? Yes No

Payment Method: Bank Draft (10<sup>th</sup>) Credit Card (15<sup>th</sup>)

Last school day of current Child Care: Day \_\_\_\_\_ Month \_\_\_\_\_

First school day of new Child Care: Day \_\_\_\_\_ Month \_\_\_\_\_

Contact Information changes:

New Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ home/cell/work

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

New E-mail Address: \_\_\_\_\_

Authorized pick-up changes:

**Add** Authorized Pickup: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**REMOVE** Authorized Pickup: \_\_\_\_\_

I certify that I have reviewed this form in its entirety and the above information contains the changes I wish to implement by the dates outlined above.

Contracted Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contracted Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_