

PERSONAL INFORMATION CHANGE FORM

TRIINTY EDUCATIONAL MINISTRIES
SONSHINE PRESCHOOL & DAYCARE
(603) 434-6987 · 53 North Main Street, Derry, NH 03038
www.tagderry.com/spd

Student's Name: _____ Date: _____

Father's Name: _____ Mother's Name: _____

Information to be changed on my child's contract and file.

_____ Job Change _____ Work Telephone _____ Home Telephone _____ Home Address
_____ Addition to Pick Up List _____ Deletion from Pick Up List _____ Physician _____ Other

Please indicate & describe the change below.

Signature

Date

FOR OFFICE USE ONLY

Change recorded in EZ-Care _____ Staff Name _____ Date _____

This sheet should be filed in child's folder.