



Confirmation of Child Change of Information or Withdrawal

Provider Name (print): _____ Provider Site #: _____

Child Change of Information **Child Withdrawal** Effective _____

Child First name: _____ MI: ____ Child Last name: _____

Child #: _____ Child Birthdate: _____

School Information

School Aged Am Kindergarten AM Headstart No School
 Home-school PM Kindergarten PM Headstart
 Year-round School All Day Kindergarten All Day Headstart

School name: _____

Time departs for school: _____ am/pm Return time: _____ am/pm

Days attending school: __Mon __Tues __Wed __Thurs __Fri

Child Attendance and Meals

I anticipate the days and meals the above child will attend are:

(**B**-breakfast, **A**-am snack, **L**-lunch, **P**-pm snack, **D**-dinner, **E**-evening snack)

Day	Drop off time	Pick up time	B	A	L	P	D	E
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

If days vary due to clients work or school schedule, please check here: _____

If times vary due to clients work or school schedule, please check here: _____

Parent/Guardian Name (print): _____

Current Parent/Guardian Address: _____

Current phone: _____ Effective date of changes: ____/____/____

The above information is intended to confirm a request for change of child information or notification of child withdrawal that we received from you. Please review the above information carefully to ensure that it is correct. If you find any information that needs to be changed, please notify us within **5 days**. The above information will remain in effect until further notice. If you have any questions, please contact the Healthy Food Program at 773-564-8861. You may also fax this updated form to our program 773-564-8721

PROVIDERS' SIGNATURE _____ Date: _____

PARENT'S SIGNATURE _____ Date: _____

This form does not substitute for a NEW Child Enrollment Form.