

MANSFIELD CHILDREN'S CENTER
 1100 School St., Mansfield, MA 02048
 (508) 339-4111/9211

INFORMATION CHANGE

Child's Name: _____

Please make the following changes in my child's arrangements:

1. **ADDITIONAL HOURS:** In addition to my child's regular schedule I am requesting additional time on _____ (date) from _____ to _____.
2. **ADDITIONAL DAY(S):** In addition to my child's regular schedule I am requesting an additional day (or days) on _____ (date) from _____ to _____.
I understand that the office will contact me to confirm that this day is available.
3. **PERMANENT SCHEDULE CHANGE:** I am requesting a permanent change in my child's schedule, from _____ (current) to _____ (proposed), effective on _____ (date). I understand that a coordinator will contact me to confirm the new schedule.
4. **VACATION TIME:** My child will be on vacation from _____ to _____.
He/She will return on _____.
5. **WITHDRAWAL:** My child's last day in the program will be: _____.
6. **HOME OR WORK INFORMATION:** Please update.
 Home address _____
 Home phone _____
 Mother's work place/phone _____
 Mother's cell phone _____
 Father's work place/phone _____
 Father's cell phone _____
7. **RELEASES:** Please update.
 Emergency contact _____ add/remove
 _____ add/remove
 Pick-up _____ add/remove
 _____ add/remove
8. **OTHER:** Specify _____

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian

 Date