

**CHANGE FORM
WITHDRAWN - ADD - TRANSFER**

Child's Name	Date of Birth	Parent/Guardian's Name	
Previous Address			Parent's Relationship to child
City, State, Zip			
New Address			Old Telephone #
City, State, Zip			New Telephone #
Action or change occurring		Date	Center
	Address/Phone #		Classroom
	Enrolled		
	Withdrawn		
	Transfer From		
	Transfer To		
Information Provided by:			Date:

Fill out form completely. One form per child. Route as indicated below.

White Copy: Info Systems Mgr. Yellow Copy: Family Development Dir/EHS Ops Dir. Pink Copy: FRS/FA/Program Mngr/FE

UMCHS revised 5/18/01 ADDDROP.WPD

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