

THE LITTLE WHITE HOUSE LEARNING CENTER, LLC.

69 Woodmont Road

Milford, CT 06460

877-5167 PHONE 877-7069 FAX

CHANGE OF INFORMATION FORM

Today's Date: _____

Child's Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Mother's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone _____ ext. _____

Name of Employer: _____ Pager or Cellular Phone: _____

Business Address: _____

Work Hours: _____

Father's Full Name: _____ Home Phone: _____

Address: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Pager or Cellular Phone: _____

Business Address: _____

Work Hours: _____

Parent/Guardian with legal custody _____

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian)

Home Phone: _____ Work Phone: _____

Relationship to child _____

Address: _____

Secondary Emergency Contact (other than parents or guardian)

Home Phone: _____ Work Phone: _____

Relationship to child _____

Address: _____