

**RIVER VALLEY FAMILY DAY CARE FOOD PROGRAM
CHANGE OF INFORMATION**

*Required Information

*Provider's Name _____

(Please Print)

*Child's Name _____

(Please Print)

*Child's # _____ *Date of Change _____

Change in school information Yes___ No___ If yes, mark the change

SCHOOL INFORMATION

____ School age ____ Home school ____ AM Head start ____ PM Head Start
____ Infant ____ Kindergarten ____ All Day Head Start

Change in schedule Yes___ No___

SCHEDULE

I anticipate the Days my child could be at the provider's home: ____ Mon ____ Tues
____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

Earliest possible drop off time: ____:____ AM PM **Latest** possible pick up time
____:____ AM PM

I anticipate the meals my child could participate in will be: ____ Breakfast ____ AM
Snack
____ Lunch ____ PM Snack ____ Supper ____ EV Snack

Change of Address ____ Yes ____ No

PARENT INFORMATION

*Parent's Name _____

(Please Print)

Address _____

(Please Print)

City _____ State ____ Zip Code _____ Phone _____

Place of employment _____ Work Phone _____

*Parent's signature _____ Date _____

The date the parent signs need to be the date the change takes effect.

This program is an equal opportunity provider