



CHANGE OF INFORMATION

Operation Name University of Houston Child Care Center		Director's Name Sherry L. Howard	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care (Please check all that apply) <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri Hours _____	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give name of person to call in case of emergency if parents/guardian cannot be reached:		Telephone No.	Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
