



LITTLE BLUE TOTS DAYCARE

v: 03/16/2023

Change of Information Form

Date: ___/___/___

Please use this **form to notify us of any changes to your contact information.*

I, _____ parent of,

_____ request to change the following:

Address _____

city _____ state _____ zip code _____

Telephone Number _____ (home, work, cell)

Email Address _____

ENROLLMENT LOCATION:

FRESNO | License Number: 103911169

HEMET | License Number: 336300697

STAFF USE ONLY

Date Received: _____

Initials: _____