

INFORMATION CHANGE FORM

You may either complete this form on line via our administrative system https://harmoniccore.teachworks.com/accounts/login using the username and password provided to you upon starting the program. You may also fill out this form and email it to info@harmoniccore.com.

Child's name:	Child's room:	
(One form per child, please)		
☐ Change of home address/phone Please make the following changes or addit	tions to my child's application:	
Home address (street, city, state, zip):		
Home phone (with area code):	-	
☐ in effect for Parent/Legal Guardian (n Please make the following changes or addit	name):tions to my child's application:	
Cell phone (with area code):		
Work phone (with area code):		
Work name and address (including city, state, a	zip):	
-	list of persons authorized to pick up my child (authorized persons) his/these date/s only:	
Home phone:	Relationship to child: Emergency C	Contact
Work phone:	☐ yes ☐ Cell phone:	no
☐ Please remove the following person(s) child:	from my list of persons authorized to pick up my	
Signature:(of qualifying parent/legal guarant	ardian)	