

**CHICAGO DEPARTMENT OF CHILDREN AND YOUTH SERVICES**

**CHILD CARE**

**CHANGE OF INFORMATION FORM**

All Changes Must Pertain to the Activity # Listed  
**ONLY** one Activity # may be listed Per Change **\*\***

Delegate Agency:									
Site Name:				Site Address:					
Contact Person:				Phone #:		**Activity #:			
<b>Please make the following changes Effective:</b>									
Applicant:				Applicant COPA ID:					
				Child COPA ID:					
<b>Change in Number of Children in Child Care (circle one)</b>			<b>*Add Child</b>			<b>Delete Child</b>			
Name of Child:				Date of Birth:					
Gender: (circle one)    F        M			Soc. Sec. Number:			Ethnic Origin:			
<b>Applicant</b>			<b>Current Information</b>			<b>New Information</b>			
1. Name:									
2. Address:									
3. Social Security#:									
<b>Spouse</b>									
1. Name:									
2. Social Security#:									
<b>Child</b>									
1. Name:									
2. Social Security#:									
3. Type of Program:									
4. Activity #:									
5. Termination Date:									
<b>Change In Schedule</b>									
			MON	TUE	WED	THRU	FRI	SAT	SUN
<b>WORK</b>	<b>From:</b>								
	<b>To:</b>								
<b>SCHOOL</b>	<b>From:</b>								
	<b>To:</b>								
<b>Comments:</b>									
<b>Applicants Signature:</b>						<b>Date:</b>			
<b>Staff Signature:</b>						<b>Date:</b>			

\* NOTE: **ONLY** applicable if child was included in family size at time of application.  
 CYS-3456 (10/2006)