

INFORMATION CHANGE FORM

Date: _____ Name of Child: _____ Class: _____

-----Only fill out changes or new information-----

Replacing Current Information

Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell: _____
 Father's Employer: _____ Telephone: _____
 Mother's Employer: _____ Telephone: _____
 Email: _____

Two Emergency Contacts: Number must be different than child's home number.

New Contact

Name: _____ Name: _____
 Address: _____ Address: _____
 Replacing Current Contact Info

City	State	Zip Code	City	State	Zip Code
Telephone: _____			Telephone: _____		
Relationship: _____			Relationship: _____		

Permission to pick up child:

New Contact

Name: _____ Name: _____
 Address: _____ Address: _____
 Replacing Current Contact Info

City	State	Zip Code	City	State	Zip Code
Telephone: _____			Telephone: _____		
Relationship: _____			Relationship: _____		

REMOVE from Emergency Contact and Release To List

Name: _____
 Name: _____

Parent's Signature

Date

SOLO PARA EL PERSONAL/STAFF USE ONLY
I certify I have reviewed this document for proper completion.

Signature

Entered into computer:
 Initial: _____
 Date: _____