



Notice of Change in Contact Information

Child/Children's Name/s: _____

School: _____

Please make a change in the following information:

Billing address: _____

Home Telephone: Mother: _____ Father: _____

Work Telephone: Mother: _____ Father: _____

Cell Phone: Mother: _____ Father: _____

I would like to add the following person(s) to my child's emergency contact list.

Please note this person, or persons, must be available within 15 minutes of the program site.

Name: _____ Authorized to pick up daily: yes no

Home #: _____ Cell # _____ Work #: _____

Name: _____ Authorized to pick up daily: yes no

Home #: _____ Cell # _____ Work #: _____

Name: _____ Authorized to pick up daily: yes no

Home #: _____ Cell # _____ Work #: _____

Parent signature: _____ Date: _____