

Parent/ Guardian Signature:

Information Update Form

904.230.8200 • DeerwoodAcademy.com

990 Flora Branch Boulevard • St. Johns, Florida 32259
Florida Department of Children and Families License # C07SJ0083

Child's Name:

child's Name:					
CHANGE OF PERSONA	L INFORMAT	ION			
☐ Check if there is no change in any of this information			☐ Check if there is a custody situation that we need to be aware of		
Parent's Name:			Parent's Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:	Work Phone:		Home Phone:	Work Phone:	
Place of Employment:			Place of Employment:		
Email Address:			Email Address:		
	-				
ALTERNATIVE EMERGI	ENCY CONTA	CTS/AUTHO	ORIZED PICKUPS		
☐ Check if there is no change in any of this information			Check here if you need to remove from your pick up list		
Authorized Pickup:			Authorized Pickup:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:	Work Phone:		Home Phone:	Work Phone:	
Remove from Pickup List:			Remove from Pickup List:		
MEDICAL INFORMATION	ON/PHOTO R	ELEASE			
☐ Check if there is no change in any of	this information				
Allergies/Special Health Considerations:					
Food Restrictions/Vegetarian Selections:			Do You Want Your Child Pictured on Social Media? ☐ YES ☐ NO		
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