

Child's Name: _____

CHANGE OF PERSONAL INFORMATION

☐ Check if there is no change in any of this information

Parent's Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Place of Employment:

Email Address:

☐ Check if there is a custody situation that we need to be aware of

Parent's Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Place of Employment:

Email Address:

ALTERNATIVE EMERGENCY CONTACTS/AUTHORIZED PICKUPS

☐ Check if there is no change in any of this information

Authorized Pickup:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

☐ Check here if you need to remove from your pick up list

Authorized Pickup:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Remove from Pickup List:

Remove from Pickup List:

MEDICAL INFORMATION/PHOTO RELEASE

☐ 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

Parent/ Guardian Signature: _____

Date: ____ / ____ / ____