

Parent Information CHANGES / ADDITIONS

Please make the following additions or changes on our information forms:

{Enter ONLY the additions or changes }

Name: _____

Address _____ City _____ Zip Code _____

Phone:

Home _____ Business _____ Cell _____

Name: _____

Address _____ City _____ Zip Code _____

Phone:

Home _____ Business _____ Cell _____

ALLERGIES:

Chronic Health Conditions:

Emergency Pick-Up Authorization: Please circle

Remove/Add/Change:

Name: _____

Address _____ City _____ Zip Code _____

Phone:

Home _____ Business _____ Cell _____

Remove/Add/Change:

Name: _____

Address _____ City _____ Zip Code _____

Phone:

Home _____ Business _____ Cell _____

Changes have been made on:

- ___ Emergency card in office
- ___ Emergency card in clipboard
- ___ Child Information Form
- ___ Child Pick-Up Authorization – office
- ___ Child Pick-Up Authorization – clip box
- ___ FA – Medical Consent Form – office
- ___ FA – Medical Consent Form – clip box
- ___ Class List excel
- ___ Mailing List excel