



# INFORMATION CHANGE FORM

The following information has changed. Please update my child's file.

## FAMILY INFORMATION:

|                             |  |                       |                                 |
|-----------------------------|--|-----------------------|---------------------------------|
| <b>PARENT/GUARDIAN NAME</b> |  | <b>NEW PHONE</b>      | <input type="checkbox"/> MOBILE |
|                             |  |                       | <input type="checkbox"/> HOME   |
|                             |  |                       | <input type="checkbox"/> WORK   |
| <b>NEW HOME ADDRESS</b>     |  | <b>NEW EMAIL(S)</b>   |                                 |
|                             |  |                       |                                 |
| CITY STATE ZIP              |  |                       |                                 |
| <b>NEW WORK LOCATION</b>    |  | <b>NEW WORK PHONE</b> |                                 |
|                             |  |                       |                                 |

|                             |  |                       |                                 |
|-----------------------------|--|-----------------------|---------------------------------|
| <b>PARENT/GUARDIAN NAME</b> |  | <b>NEW PHONE</b>      | <input type="checkbox"/> MOBILE |
|                             |  |                       | <input type="checkbox"/> HOME   |
|                             |  |                       | <input type="checkbox"/> WORK   |
| <b>NEW HOME ADDRESS</b>     |  | <b>NEW EMAIL(S)</b>   |                                 |
|                             |  |                       |                                 |
| CITY STATE ZIP              |  |                       |                                 |
| <b>NEW WORK LOCATION</b>    |  | <b>NEW WORK PHONE</b> |                                 |
|                             |  |                       |                                 |

## CHILD'S INFORMATION:

|                             |                        |  |
|-----------------------------|------------------------|--|
| <b>DIETARY RESTRICTIONS</b> | <b>NEW ALLERGIES**</b> | <b>CHANGE IN ALLERGY STATUS**</b>  |
|                             |                        |  |
| <b>PARENTS SIGNATURE</b>    | <b>DATE</b>            | <b>**Allergy action plan must accompany this form (see office for details)</b> |
|                             | / /                    |  |

See other side for changes to Emergency Contacts and Authorized Pick-Ups



# INFORMATION CHANGE FORM

## EMERGENCY CONTACTS AND/OR AUTHORIZED PICK-UP:

**PLEASE SPECIFY:** WHETHER you'd like us to **ADD** these names to your current emergency contacts  
OR if you'd like these names to **REPLACE** your current emergency contacts

**1**

| NAME  | RELATIONSHIP TO CHILD | PHONE | <input type="checkbox"/> MOBILE<br><input type="checkbox"/> HOME<br><input type="checkbox"/> WORK |
|---|-----------------------|-------|---|
|   |                       |       |   |
| <input type="checkbox"/> <b>ADD TO CURRENT LIST</b> OR <input type="checkbox"/> <b>REPLACE THIS PERSON:</b> |                       |       |   |

**YES TO EMERGENCY RELEASE**  
 **YES TO AUTHORIZED PICK-UP**  
CHECK ONE OR BOTH BOXES, AS APPLICABLE

**2**

| NAME  | RELATIONSHIP TO CHILD | PHONE | <input type="checkbox"/> MOBILE<br><input type="checkbox"/> HOME<br><input type="checkbox"/> WORK |
|---|-----------------------|-------|---|
|   |                       |       |   |
| <input type="checkbox"/> <b>ADD TO CURRENT LIST</b> OR <input type="checkbox"/> <b>REPLACE THIS PERSON:</b> |                       |       |   |

**YES TO EMERGENCY RELEASE**  
 **YES TO AUTHORIZED PICK-UP**  
CHECK ONE OR BOTH BOXES, AS APPLICABLE

**3**

| NAME  | RELATIONSHIP TO CHILD | PHONE | <input type="checkbox"/> MOBILE<br><input type="checkbox"/> HOME<br><input type="checkbox"/> WORK |
|---|-----------------------|-------|---|
|   |                       |       |   |
| <input type="checkbox"/> <b>ADD TO CURRENT LIST</b> OR <input type="checkbox"/> <b>REPLACE THIS PERSON:</b> |                       |       |   |

**YES TO EMERGENCY RELEASE**  
 **YES TO AUTHORIZED PICK-UP**  
CHECK ONE OR BOTH BOXES, AS APPLICABLE

**4**

| NAME  | RELATIONSHIP TO CHILD | PHONE | <input type="checkbox"/> MOBILE<br><input type="checkbox"/> HOME<br><input type="checkbox"/> WORK |
|---|-----------------------|-------|---|
|   |                       |       |   |
| <input type="checkbox"/> <b>ADD TO CURRENT LIST</b> OR <input type="checkbox"/> <b>REPLACE THIS PERSON:</b> |                       |       |   |

**YES TO EMERGENCY RELEASE**  
 **YES TO AUTHORIZED PICK-UP**  
CHECK ONE OR BOTH BOXES, AS APPLICABLE

| OTHER INFORMATION CHANGE | PARENT/GUARDIAN SIGNATURE | DATE |
|--------------------------|---------------------------|------|
|                          |                           | / /  |