

UPDATE FORM

Please use this form to change your address, phone #, emergency contacts or authorized people to pick up your child. Be sure to circle whether we are to ADD or REMOVE people from your original list. This information will be entered into the computer and a new information sheet will be generated for your approval. Please place the completed form in Ms. Lin's mailbox

Child's Name _____ **Classroom** _____ **Effective date of change** _____

NEW ADDRESS

Street _____ Apt. _____

City, State, Zip _____

NEW PHONE

Home _____ Work _____ Cell _____

Home _____ Work _____ Cell _____

CONTACTS **Please circle one** **ADD** **REMOVE**

Emergency contacts

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Authorized Pick-up **Please circle one** **ADD** **REMOVE**

Name/Address _____

Name/Address _____

Name/Address _____