

## 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 \_\_\_\_\_