

**Early Childhood Center
Update Child Information Form**

Please enter your child's name then complete the section (s) you are changing or adding information. Sign the bottom on this form.

Child's Name: _____

Section I Child Information

Child's Address: _____ Zip Code _____

Home phone: _____

Section II Family Information

Parent #1 Name: _____

Address (if different) _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Pager _____

Work Place: _____ Phone: _____

Home Email: _____ Work Email: _____

Parent #2 Name: _____

Address (if different) _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Pager _____

Work Place: _____ Phone: _____

Home Email: _____ Work Email _____

Please circle which parent's name to use for tax statements and payment receipts: Parent #1 Parent #2

Section III Medical Information

Child's Physician: _____ Phone: _____

Hospital Preference: _____

Food Allergies: _____ Attach doctors statement, with treatment plan.

Section IV Authorization for pick up

Additional people your child can be released to:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Remove these individuals from pick up list: _____

Section V New Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's signature

Date