

## Update of Records

Student's Name:	Date:
PLEASE PROVIDE YOUR N	NEW INFORMATION BELOW
	t Information:
• •	
	Call
	Cell: Cell:
Morrier 5 Work Namber.	Cen
Change Your	Privacy Status:
	ontact information on your child's class list?
(this is used for arranging play dates) Y	
<u>Updated Emergen</u>	cy Card Information
(Please also complete a no	ew yellow Emergency Card):
Add or Remove Doctor or Dentist: New Doctor's Name and Contact informati	ion (including address & tal number)
New Doctor's Name and Contact Informati	ion (including address & let. number):
New Dentist's Name and Contact informat	tion (including address & tel. number):
Add or Remove Pick-Up Names:	
New Pick-up Person's Name & relationship New Pick-up Person's Cell Phone Number:	
New Pick-up Person's Name & relationship	o to child:

New Pick-up Person's Cell Phor	ne Number:	
Add or remove Emergency Contaccommodate up to 6):	tacts (we ask fo	or 4 emergency contacts, and can
Remove Contact(s): Name:		Name:
Add Contact(s):		
Name:	Ph:	Relationship:
Parent's Signature:		