**Information Update Form**

Please be sure to sign and date the form and indicate which area you are updating:

Child’s information

Legal guardian information

Pick-up list

Emergency contact information

Permissions

Additional information

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| --- |
| **Child’s information:** |
| Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Allergies: (We require written approval from your physician or licensed dietician, in order to serve a special diet (anything other than our snack menu) to your child. In order to provide specialized medical assistance to your child, we require additional documentation from a licensed physician.) Click here to enter text. |
| Chronic conditions: Click here to enter text. |

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| **Legal guardian information:** | |
| Name: Click here to enter text. | Name: Click here to enter text. |
| Email address: Click here to enter text. | Email address: Click here to enter text. |
| Phone number: Click here to enter text. | Phone number: Click here to enter text. |
| Occupation: Click here to enter text. | Occupation: Click here to enter text. |
| Place of business: Click here to enter text. | Place of business: Click here to enter text. |
| Business address: Click here to enter text. | Business address: Click here to enter text. |
| Business phone number:  Click here to enter text. | Business phone number:  Click here to enter text. |

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| **Pick-up list:** | |
| First and last name: Click here to enter text. | Phone number (optional):  Click here to enter text. |
| First and last name: Click here to enter text. | Phone number (optional):  Click here to enter text. |

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| **Emergency contact information:** (all three fields are required) | | |
| Name: Click here to enter text. | | |
| Address: Click here to enter text. | | |
| Phone number: (1) Click here to enter text. | (2) Click here to enter text. | |
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| **Permissions:** | **Yes** | **No** |
| Field trip:  I hereby give my consent for my child to participate in field trips. |  |  |
| Transportation:  I hereby give my consent for my child to be transported and supervised by facility’s staff on field trips, to and from home, and to and from school. |  |  |
| Swimming pool:  I hereby give my consent for my child to swim in the pool located at CDC. |  |  |
| Pet handling:  I hereby give my consent for my child to interact with the classroom pets. |  |  |
| Water activities:  I hereby give do not my consent for my child to participate in the following water activities: sprinkler play, splashing pools, wading pools, and other bodies of water provided by the facility. |  |  |
| Hikes and walks:  I hereby give my consent for my child to participate in the following: nature hikes along the greenbelt and areas adjacent to our campus, and walks in the neighborhoods surrounding our campus. |  |  |

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| **Additional information:** |
| Click here to enter text. |

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| **Signature:** | **Date:** |
|  | Click here to enter a date. |

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| **For office use:** | |
| Received by: | Date received: / / |
| Check box once file has been update: **□** |