



INFORMATION UPDATE

Child's Name: _____

Parent's Signature: _____ **Date:** _____

CHANGE OF ADDRESS OR PHONE:

HOME ADDRESS: _____
Street City Zip

HOME PHONE: _____

Other phone: _____ Type: work _ cell _ pager _ Whose? _____

Other phone: _____ Type: work _ cell _ pager _ Whose? _____

Email(s) _____

CHANGE TO EMERGENCY CONTACTS:

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW DISMISSAL PERMISSION (OTHER THAN PARENTS):

NOTE: If a dismissal person is employed by BlueSkies for Children, you must complete an additional form or s/he will not be allowed to remove your child from the premises.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For office use:

Information updated in office database ___ In emergency binder ___ Copy made for emergency cabinet ___

If home address/home phone have changed, give to Liisa/Rhonda to update database ___

Initials__