

## PLAY & LEARN CHANGE OF INFORMATION

The following information has been changed since the enrollment date of my child(ren).

Date: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ School Attending: \_\_\_\_\_

\_\_\_\_\_

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Parent #1 Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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Parent #2 Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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Person(s) to contact in the event of an emergency if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

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**Child's Dentist:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

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**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Restrictions:** \_\_\_\_\_

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**The following persons have permission to pick up my child, \_\_\_\_\_,  
at Play & Learn:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent's / Guardian's Signature**

\_\_\_\_\_  
**Date**