

VILLA CRESTA TOTS FUN CENTER

CHANGE OF INFORMATION

Child's Name _____ Class _____

Parent/Guardian's Name _____ Date _____

Please select the following box and legibly change your information. Then submit form to the Tots teachers so that the correct information will be in your child's folder.

Email Address

- Change from

To

- Add to the email list (May have more than one email on the list)

1) _____

2) _____

Address

- House Number/Street Name _____

- City _____ State _____ Zip Code _____

Parent(s)/Legal Guardian(s)

Phone Numbers (MUST HAVE A LEAST ONE LOCAL NUMBER LISTED)

- Parent/Guardian _____
Home Phone Number Cell Phone Number

- Parent/Guardian _____
Home Phone Number Cell Phone Number

- Other _____

Name	Relationship
Home Phone Number	Cell Phone Number

- **Emergency Contact Person**

- **Add**
Name _____

Last	First
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Telephone (H) _____ (C) _____
Address _____

Street/Apt#	City	State	Zip Code
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- **Remove**
Name _____

Last	First
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Telephone (H) _____ (C) _____
Address _____

Street/Apt#	City	State	Zip Code
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- **Child's Physician**

- Physician Name

- Physician Phone Number

- Physician Address

- **Allergies**

- New Allergy

- Updated Medicine
