

CHANGE OF DETAILS FORM

Child's Name: _____

Please tick the information to be updated and fill in the appropriate boxes.

Parent/Guardian:

Name:	
Relationship to child:	
<input type="checkbox"/> Mobile Phone	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Address	
<input type="checkbox"/> Email	
<input type="checkbox"/> Authority to collect	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact:

Name:	
Relationship to child:	
<input type="checkbox"/> Mobile Phone	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Address	
<input type="checkbox"/> Authority to collect	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other people authorised to collect the child:

Name:	
Relationship to child:	
<input type="checkbox"/> Mobile Phone	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Address	
<input type="checkbox"/> Authority to collect	<input type="checkbox"/> Anytime <input type="checkbox"/> Specific date: _____

Medical Information:

<input type="checkbox"/> Medical or physical condition	
<input type="checkbox"/> Allergies	

Parent/Guardian completing form:

Signature:	Date:
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 Staff Use Only:

<input type="checkbox"/> Details updated in Qikkids	By:	Date:
<input type="checkbox"/> Stapled to enrolment form	By:	Date: