



Change of Contact Information Form

It is important that the office is kept up to date on any changes in address, phone, medical information or marital status during the school year. If there has been a change of information, please complete this form and return it to the office. Thank you.

Child's Name: _____

New Information (fill in where applicable):

Parent's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____

Other phone: _____

Email Address: _____

If the child lives with someone other than parents, please explain:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact Person:

Name: _____ Phone: _____

Names and phone numbers of people permitted to pick up your child from Little Star:

Name: _____ Phone: _____

Name: _____ Phone: _____

Other changes in information:

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

