

# PARENT INFORMATION UPDATE

## 2010-2011

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

### Parent's Information:

1<sup>st</sup> Parent's Name: \_\_\_\_\_ 2<sup>nd</sup> Parent's Name: \_\_\_\_\_

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

**Phone/ E-mail Information: Please provide all information for office use. Check information you wish listed on your child's class list.**

- |  |  |
|--|--|
| <input type="radio"/> Home: _____                      | <input type="radio"/> Home: _____                      |
| <input type="radio"/> Bus. Phone :(____) _____ - _____ | <input type="radio"/> Bus. Phone: (____) _____ - _____ |
| <input type="radio"/> Cell: _____                      | <input type="radio"/> Cell: _____                      |
| <input type="radio"/> E-mail: _____                    | <input type="radio"/> E-mail: _____                    |

**Pediatrician:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### Emergency Contact and/or Pick-up Information:

Name: (relationship) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s) and phone numbers (s) of person (s) who have permission to pick up your child from school:

1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_

If the names above should change during the school year, please contact the ECLC office to update the list.

\_\_\_\_\_  
Parent Signature