



INFORMATION CHANGE FORM

Child's Name: (Last) _____ (First) _____ (Middle Initial) _____

C²Z Site Attending _____ Grade: _____

Complete ONLY the box(es) where you are making changes.

Change to Child/Parent Address/Phone: *Information entered in this section will replace existing information on-file with the C²Z program.*

Address: _____ Zip: _____

Phone (Primary): _____ Phone (Secondary): _____

Parent/Guardian Name: _____ Relationship: _____

Day Phone: _____ Cell: _____

Work Phone: _____ Workplace: _____

Email: _____

Change to Emergency Contact (other than parent/guardian): **Please list in the order you would like them contacted.*

Information entered in this section will replace existing information on-file with the C²Z program.

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

3) Name: _____ Relationship: _____

Address: _____ Phone: _____

Change Schedule to: *Information entered in this section will replace existing information on-file with the C²Z program.*

New schedule effective date: _____ A minimum of 3 days is required.

☐ Before-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ After-School Care Days attending: (select all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ As-Needed Care Only ☐ Remove from all Care

Change to Designated Pick-Up List:

**Please inform those listed below to have photo identification available at the time of pick-up. Persons listed must be at least 16 years of age.*

Change Status	Name	Phone	Relationship
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change			

Parent/Guardian Signature (*handwritten signature required*)

Date

Please submit completed and signed form to the C²Z office at Good Shepherd Building 3288 East Henrietta Rd or email it RHCE@rhnet.org