

Student Information Update Form

Today's Date: _____

Child's Full Name: _____

Program:

Nickname: _____

- Toddler, Half Day, am Toddler, Full Day
- Primary, Half Day, am Primary, Full Day
- Elementary Program

Birth Date: _____

Gender: F M

Please complete the following information for each parent:

_____	Name in Full	_____
_____	Home Address	_____
_____	Home Phone	_____
_____	Occupation/Title	_____
_____	Employer	_____
_____	Mobile Phone	_____
_____	Work Phone	_____
_____	Email Address	_____

Are the child's parents divorced or separated? No Yes If yes, to whom should we address correspondence? _____

Siblings:

_____	_____	_____
Name	Date of Birth	School (if applicable)
_____	_____	_____
Name	Date of Birth	School (if applicable)

Authorized contacts

Contacts listed below may be contacted in the event parents are not able to be reached to pick up children from school, to bring items needed for the child at school, or other such instances, as well as for emergency situations. Every effort will be made to contact the parents first. Please provide at least one contact other than yourselves.

_____	Contact Full Name	_____
_____	Relationship to student	_____
_____	Home Phone	_____
_____	Other Phone	_____