

**BASREP-BEFORE & AFTER SCHOOL
RECREATION ENRICHMENT PROGRAM**

CHANGE OF INFORMATION FORM

Please indicate if there have been any changes to the following information. List any new information in the spaces provided below.

- Child's Home Address/Phone #: _____
- Mother's Home Address: _____
- Mother's Phone #: _____ cell home work
(circle)
- Father's home Address: _____
- Father's Phone #: _____ cell home work
(circle)
- Email Address: _____ Mother/Father
(circle)
- Child's Doctor/Dentist (include office address & phone number):

- New Allergies or other health considerations that we should be aware of (i.e. allergies)? _____

- Additional Alternate Pick-Ups/Emergency Contacts (name/phone):

- Other: _____

Parent/Guardian Signature

Date