



# Community Education



## Adventure Center Notification of change form

Child's name: \_\_\_\_\_

Please make the following changes to my child's enrollment information:

Name change: \_\_\_\_\_

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

Email change: \_\_\_\_\_

Phone number change: \_\_\_\_\_ \_\_\_ Home \_\_\_ Cell \_\_\_ Work

Add authorized pick up /emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Delete authorized pick up /emergency contact:

Name: \_\_\_\_\_

Add IEP or 504 plan: \_\_\_\_\_ Attach copy

Delete my child's IEP or 504 plan: \_\_\_\_\_

Add the following shots to my child's immunization record on file:

Shot: \_\_\_\_\_ Date: \_\_\_\_\_

Shot: \_\_\_\_\_ Date: \_\_\_\_\_

Add any special concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_ Site copy \_\_\_\_\_ Office copy