



Account Information Update Form

Child's Name: _____ Date of Birth: _____

Update information for: Parent Child Existing Authorized Pick-up

Name: _____

Update: Address Phone Number Email Emergency Contact
 Medical Notes Other

Updated Information: _____

(If updating phone number, please indicate if it is a home, work, or cell phone number.)

Add New Authorized Pick-up:

Name: _____ **Phone Number:** _____

Date of Birth: _____ Gender: Male Female Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____ **Date:** _____

THIS FORM IS INVALID UNLESS SIGNED BY PARENT/GUARDIAN

Do not fill in below, to be filled in by Youth Program Staff.

Entered By: _____ Date: _____