

## Holiday Program Change of Details Form



**Parents/Guardians are required to complete this form when any of the original details given to us at the time of enrolment have changed.**

Parent/Guardians Name: \_\_\_\_\_

Names of Children in Care: \_\_\_\_\_

### ***Change of Contact Details (Please tick and Provide your new contact details):***

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

Phone Number/s: \_\_\_\_\_

### ***Emergency Contact Details (Please tick and provide more information):***

New Emergency contact/ Authorized Pick up Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Remove Person as Emergency Contact/ Authorized Pick up person: \_\_\_\_\_

### ***Change of Authorized Pick up People (Please tick and provide details):***

New Authorized Pick up Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Remove Person as Authorized Pick up: \_\_\_\_\_

### ***Change in Custodial Agreements (Please provide details and attach Court Orders if applicable):***

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

### ***Newly Diagnosed Medical Conditions (please include details eg: Allergies, Behavioral conditions etc):***

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

Details of Medical Condition: \_\_\_\_\_

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

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

Details of Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Details of Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you. Please return this form to Administration at your earliest convenience.***