



Update Family Information

Cornwall

Charlottetown Stratford

Program

Toddler _____.

Children's House _____.

Enrichment _____.

After-School _____.

Date: _____

Note: Please complete, to the best of your ability, and return as soon as possible to your centre - **one form per family per year.**

Very Important - Please keep us informed to any changes in the following information. If you have any questions regarding this update form, contact Sharon at (902) 628-8182.

Please Print

Child #1 _____ Birth Date _____ F M
Surname Full given names Day /Month /Year

Program _____

Child #2 _____ Birth Date _____ F M
Surname Full given names Day /Month /Year

Program _____

Child #3 _____ Birth Date _____ F M
Surname Full given names Day /Month /Year

Program _____

Mother's Name _____ Father's Name _____

Work Place _____ Work Place _____

Mother business _____ Father business _____
cell cell

Email: Mother _____ Father _____

Home Phone _____

Family Address _____

Mail Address _____

Tax receipt recipient _____
(if not specified the receipt will be made out to name of cheques)

Other People Authorized to Pickup (please print for easy recognition)

Name _____ Name _____ Name _____

Emergency (if unable to reach parents and in order of preference for calling)

1-Name _____ home _____ business _____ cell _____

2-Name _____ home _____ business _____ cell _____

Additional Information:

(ie: allergies, medical conditions, etc.) Please use reverse of page if more space is required.

I give permission for my home phone number and child's name to used on a class friends list

I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website