

CHANGES TO STUDENT RECORDS

Date _____

I hereby authorize First United Methodist School and Child Care Center to change the following records for my child/children.

Child/Children Name

Parent/Guardian's Signature

COMPLETE "ONLY" THE AREAS THAT NEED TO BE CHANGED.

Address _____

Home Phone Number _____

Father/Guardian Work _____ Mother/Guardian Work _____

Father/Guardian Cellular _____ Mother/Guardian Cellular _____

Father/Guardian Pager _____ Mother/Guardian Pager _____

Persons authorized by parents/guardian to be contacted in emergency:

Name	Address	Phone #	Relationship

Persons authorized by parents/guardian to take your child from the facility. (Please notify your child's teacher and the office if there are any special custodial specifications.)

Name	Address	Phone #	Relationship

Any special instructions _____

For office use only (Please initial when your records have been corrected):

_____ Registration Cards _____ ProCare _____ Students files _____ Teachers

If more than one child, please change on each child's records.