



**GLENDALE COMMUNITY COLLEGE
CHILD DEVELOPMENT LABORATORY SCHOOL**

CHANGE OR ADDITIONS FORM

Name of Child _____

Name of Parent/Guardian _____

In order for us to keep our records up-to-date, please indicate any changes or additions to the following:

FAMILY NAME, ADDRESS AND PHONE NUMBER

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address (if different): _____

EMERGENCY CONTACTS

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZED TO PICK-UP

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICIAN

Name	Address	Phone
_____	_____	_____

ALLERGIES _____

Parent/Guardian Signature

Date