



## Update Family Information

Cornwall

Charlottetown       Stratford

**Program**  
 Toddler \_\_\_\_\_  
 Children's House \_\_\_\_\_  
 Enrichment \_\_\_\_\_  
 After-School \_\_\_\_\_

**Date:** \_\_\_\_\_

Note: Please complete, and return as soon as possible to your centre - **one form per family household 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 \_\_\_\_\_

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 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Work Place \_\_\_\_\_ Work Place \_\_\_\_\_  
 Mother business \_\_\_\_\_ Father business \_\_\_\_\_  
 cell \_\_\_\_\_ cell \_\_\_\_\_

Would you like to provide an email for periodic notifications, information and reminders.  
 Email: \_\_\_\_\_ (please print clearly)

Home Phone \_\_\_\_\_  
 Family Address \_\_\_\_\_  
 Mail Address \_\_\_\_\_

**Tax receipt recipient** \_\_\_\_\_  
 (if not specified the receipt will be made out to both parents)

**Is there a Parenting Plan?**  No  Yes (If "yes" please provide a copy for your child's file)

**Other People Authorized to Pickup** (please print for easy recognition, photo ID may be requested)  
 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 child's image to be used on **internal** boards / TV video files   
 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   
 (Sep19)