



CLUBHOUSE
BUFFALO GROVE PARK DISTRICT

Change Of Information

Child's Name: _____ Date: _____

School: _____ Phone Number: _____

Information I need to change (please check all that apply)

Address

New Address: _____

Phone Numbers

Name: _____ Number: _____

Name: _____ Number: _____

Names To Add To The Pick-Up Permission Form

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

3. Name: _____ Relationship: _____

Phone Number: _____

Parent/Guardian Signature

Date