



BUFFALO
GROVE
PARK
DISTRICT

Buffalo Grove Park District Clubhouse Program CHANGE OF INFORMATION FORM

Date: _____ Child's Name: _____

School: _____ Number: _____

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

Address

New Address: _____

Phone Numbers

Name: _____ Number: _____

Names To Add To The Pick-Up Permission Form

1) Name: _____ Relationship: _____

Number: _____

2) Name: _____ Relationship: _____

Number: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE