



CLUBHOUSE
BUFFALO GROVE PARK DISTRICT

Change Of Information

Date: _____ Child's Name: _____

School: _____ Phone 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/Guardian

Date