Community Services Dept.
201 N. Broadway
Escondido CA 92025

Recreation@Escondido.org
Recreation.Escondido.org
760-839-5483

INFORMATION CHANGE FORM

This sheet needs to be completed and signed by the primary contact for the child. Please return completed forms to the ASES/After School Program staff at your student's school.

School: Conway Farr Juniper Oak Hill Rock Springs
North Broadway Reidy Creek

Student's Name: _____

ADD/CHANGE INFORMATION

☐ **Authorized Pick-up**	Name: _____ Phone: _____ Name: _____ Phone: _____
☐ **Student's Address**	Street: _____ City: _____ State: _____ Zip: _____
☐ **Change of Phone**	Contact: _____ New Phone: _____ Contact: _____ New Phone: _____

REMOVE AUTHORIZED PICK-UP

☐ **Remove Pick-up**	Name: _____ Phone: _____
☐ **Remove Pick-up**	Name: _____ Phone: _____

By signing this document, I hereby acknowledge that I am the primary contact for my student as indicated on the enrollment form. I therefore request the above listed changes be made to my student's account information.

_____
Parent/Guardian (print name)

_____ _____
Parent/Guardian signature Date

REV 7/2018