



Community Services Inc.

## Children's Services Programs

### CHANGE OF DETAILS

I, (parent/caregiver's name) \_\_\_\_\_ wish to inform you of changes to my personal details:

Child/ren (child/ren's names) \_\_\_\_\_

Who attend (please tick):  Before School Care  After School Care  Vacation Care

#### Parent/Caregiver's Details 1:

<b>Name:</b>	_____
<b>Home Address:</b>	_____
<b>Home Phone:</b>	_____
<b>Mobile Number:</b>	_____
<b>Work Place:</b>	_____
<b>Work Phone:</b>	_____
<b>Relationship to Child:</b>	_____

#### Parent/Caregiver's Details 2:

<b>Name:</b>	_____
<b>Home Address:</b>	_____
<b>Home Phone:</b>	_____
<b>Mobile Number:</b>	_____

<b>Work Place:</b>	-----
<b>Work Phone:</b>	-----
<b>Relationship to Child:</b>	-----

Parent /Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_