



## Family & Volunteer Correction or Change Form

Existing Family Pager # \_\_\_\_\_

### Who are we making corrections for?

Child's Name: \_\_\_\_\_

Parents or Guardians' Names: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_  Home Phone  Cell Phone  Work Phone

### Volunteer changes:

Service Time From: \_\_\_\_\_ To: \_\_\_\_\_  Remove

Weekend From: \_\_\_\_\_ To: \_\_\_\_\_

Area or Room From: \_\_\_\_\_ To: \_\_\_\_\_

What date is this change effective? \_\_\_\_\_

Reason: \_\_\_\_\_

### Address/Phone/Email changes:

Home Address \_\_\_\_\_

Home Phone No \_\_\_\_\_  Unlisted

Cell Phone No \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

(Used for Cancellation or Emergency Text Only)

Email Address \_\_\_\_\_

### Corrections to child's information:

Misspelled Name \_\_\_\_\_

Age or Grade the child is coded to (must give birthday) \_\_\_\_\_

Allergies \_\_\_\_\_

Parents Location \_\_\_\_\_

Other Information \_\_\_\_\_

### Add new family members:

1. Name \_\_\_\_\_ Gender  Boy  Girl Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

2. Name \_\_\_\_\_ Gender  Boy  Girl Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Your Relationship to Child(ren): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Received \_\_\_\_\_