Rocking Horse Academy
Family Information Change/Update Form

Child's Name_____

☐ **Name Change**

Mother's/Guardian's New Name_____

Father's/Guardian's New Name_____

Child's New Name_____

☐ **Address Change**

Name _____

Street_____

City_____ ST_____ Zip_____

☐ **Phone Change** (Circle C=Cell, H=Home, W=Work)

Name _____ C H W (_____)_____

Name _____ C H W (_____)_____

☐ **Email Change**

Name_____ Email_____

Name_____ Email_____

☐ **Dr. Change**

Dr. _____ Phone_____

☐ **Authorized Pick-Up** (In addition to current or delete a current and replace)

(Add/Delete)Name_____ Phone_____

(Add/Delete)Name_____Phone_____

Parent/Guardian Signature_____ Date_____

Staff Signature_____ Date entered into EZ Care_____