



Buffalo Grove  
Park District



Buffalo Grove Park District  
CLUBHOUSE PROGRAM  
CHANGE OF INFORMATION FORM

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

Home Phone: \_\_\_\_\_

**Please only complete the information below that needs to be changed:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

**Names to be added to the pick-up permission form:**

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date