

Wellers Hill School Age Child Care Service (SACCS)

ALTERATION OF CONTACT DETAILS FORM

Family name

Parent/Guardian name:

Child/children name/names:

Current parents/carers contact details

Updated contact details:

Name:

Home phone:

Work phone:

Mobile:

Email address:

Emergency contact or people authorised to collect the child/children:

Current contact details

Updated contact details:

Name:

Home phone:

Work phone:

Mobile:

Email address:

Would this person be authorised to confirm the child/children absences: Yes No

Parent/guardian Signature:

Date:/...../...../