

Date: _____

FAMILY CONTACT INFORMATION FORM

This information will be shared with our Forever Young Parent Liaison, the Board of Directors, and other FY Committees and will not be released or sold to any outside sources. Forever Young will use this information to communicate with you regarding your child, the center and upcoming FY events, so please include as much information as possible.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ email: _____

Parent/Guardian's Name: _____

Address and home phone are the same as above.

Address: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ email: _____

Please indicate how you would like to receive the Forever Young Monthly Newsletter:

Hardcopy and email (pdf) Hardcopy only Email only (pdf)

For hardcopies, each family will receive one copy of each newsletter in the parent cubby for their oldest child.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

White: office copy; Yellow: parent liaison's copy