



Change of Information Form

Program Site _____ (required)

Student Name _____ (required)

Please check the box(es) next to the information you would like to update.

Student: Last _____ First _____

Address _____
Street City State Zip

Parent/Guardian: Last _____ First _____

Email _____
(Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)

Phone # (_____) Cell Home Work

Parent/Guardian: Last _____ First _____

Email _____
(Email will be used for AYS parent e-news, billing invoices, tax statements and other important communications)

Phone # (_____) Cell Home Work

Current military service member (please include a copy of current military ID)

Employee of a school district in which AYS operates (please include a copy of school ID) School: _____

Emergency Contacts & Authorized Pick-up (must be 18 years or older and ID required)

1.) Full Name _____
Relationship to Student _____
Phone # (_____) Cell Home Work
Phone # (_____) Cell Home Work

2.) Full Name _____
Relationship to Student _____
Phone # (_____) Cell Home Work
Phone # (_____) Cell Home Work

3.) Full Name _____
Relationship to Student _____
Phone # (_____) Cell Home Work
Phone # (_____) Cell Home Work

Please email completed form to registration@ayskids.org or fax it to 317-283-3840