

**RE-ENROLLMENT FORM**

Welcome back for to CCS! Since your child is returning, you do not have to fill out the entire registration packet again. However, we do need you to update us on any of the information below.

*Has your child been diagnosed with any disease or disorder of which we have not been made aware?*

\_\_\_\_\_\_YES \_\_\_\_\_\_NO If yes, explain below:

*Has your child been hospitalized in the last six months?* \_\_\_\_\_\_YES \_\_\_\_\_\_NO If so, please explain diagnosis and resolution:

*Has your child developed any allergies or significant reactions to any food or substance of which we have not been made aware?* \_\_\_\_\_\_YES \_\_\_\_\_\_NO If yes, explain below:

*Have you changed doctor or hospital preference?* \_\_\_\_\_\_YES \_\_\_\_\_NO If so, please give new information:

*Are there any additions or removals from your previous list of emergency contacts or pick-up contacts?*

\_\_\_\_\_NO, keep the same as last year

\_\_\_\_\_YES, please change my child’s information to reflect the following:

**CIRCLE ONE: ADD REMOVE**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? Y or N Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized for: Emergency? Y or N Pick-Up? Y or N

If you need more room for additional contacts, please circle the word, OVER and use the back of the paper.

**OVER**