CITY OF LODI PARKS AND RECREATION DEPARTMENT
CHANGE IN PARTICIPANT'S INFORMATION
ALL LOOK and ASP PROGRAMS

PARENT REQUESTS
2007-2008

I have made the following change(s) in my child's ASP or LOOK program routine:

Child's name: _____ Site: _____ __
Length of time this action will be carried out by staff: From: _____to End: _____.

Specified actions to be taken, as per parent Request:
1._____
2._____
3._____
4._____
Why Request is being made by parent?
_____
_____
_____

MOM'S Cell/Work Number: _____DAD'S Cell/Work Number_____

Authorizing Parent Print Name_____
Authorizing Parent Signature_____ Date:_____

City of Lodi Parks and Recreation Department
Change in Participant's Registration Information
All ASP and LOOK Child Care Programs

Child's Name: _____ Site: _____

I have made the following change(s) in:

Name Address Telephone Numbers
Whom to Notify in Case of Emergency ADD Drop
School Site: _____
Pick- Up Person_____ ADD Drop
Other:_____

SPECIFIC CHANGES:

_____
_____
_____
_____

Parent Name:_____ Parent Signature:_____ Date:_____