

CROSSHALL CHILDREN'S CENTRE



Head teacher

Mrs. D.L. James, M.A. B.Ed (Hons), DPSE

CHANGE OF CONTACT DETAILS

NAME OF CHILD: _____ AM/PM: _____ DATE _____

PLEASE COMPLETE ONLY THE SECTIONS BELOW WHERE A CHANGE HAS OCCURRED

A CHANGE OF HOME ADDRESS:

DATE OF MOVE:

NEW ADDRESS:

HAVE ALL FAMILY MEMBERS, WITH PARENTAL RESPONSIBILITY, RELOCATED TO THIS ADDRESS? YES NO

IF NO, PLEASE GIVE NEW ADDRESS OF THESE FAMILY MEMBERS:

B CHANGE OF TELEPHONE/E-MAIL DETAILS:

NEW TELEPHONE NUMBER/S: _____
(Please state who this number belongs to)

Do you wish to receive correspondence by E-mail YES NO

E-mail ADDRESS: _____
(Please only give a new e-mail address if you have opted for ParentMail)

If you currently receive E-mail and wish to revert to paper correspondence, please tick here
YES NO

C NEW EMERGENCY CONTACT DETAILS:

NAME: _____ NEW NUMBER: _____

NAME: _____ NEW NUMBER: _____

If one of the above contacts is to replace an existing contact, please state who they are replacing:

D ANY OTHER CHANGES: (please specify):

446 Great North Road, Eaton Ford, St. Neots
Cambridgeshire, PE19 7GG

Nursery Tel::01480 47598:0. Fax: 01480 404792.

Kids Club Tel 01480 219518

e-mail: info@crosshallinfant.co.uk

e-mail kidsclub@crosshallinfant.co.uk

www.crosshallinfant.co.uk



INVESTOR IN PEOPLE

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