STEP 3: CONTACTS

STEP 3: Contacts

For HELP completing this step, CLICK HERE

We request a **MINIMUM of 4 CONTACTS** using any combination of the contact types below

- MOTHER/FATHER or GUARDIAN INFORMATION:
  - REQUIRED fields: name, relationship, lives with student?, and phone #'s
- SUGGESTED OTHER CONTACTS (to whom child can be released):
  - REQUIRED fields: name, phone #'s, relationship
- CHILDCARE PROVIDER (if applicable):
  - REQUIRED fields: name, phone #'s, relationship should state "Childcare Provider"

We also request information about your Doctor. If changes are needed, click on your previous Doctor's name or "Type Doctor name here." Follow procedures to **"Change"** contact information below

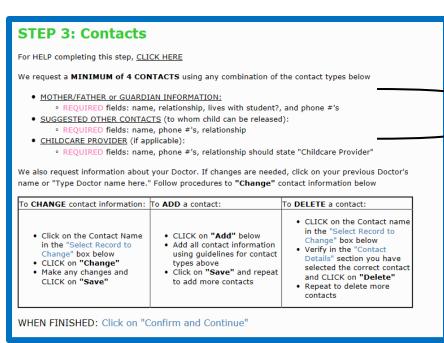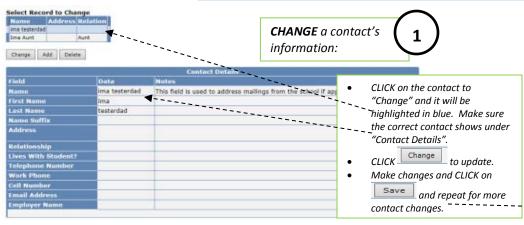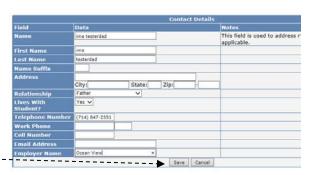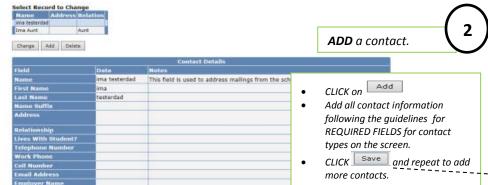| To **CHANGE** contact information:	To **ADD** a contact:	To **DELETE** a contact:
• Click on the Contact Name in the "Select Record to Change" box below • CLICK on **"Change"** • Make any changes and CLICK on **"Save"**	• CLICK on **"Add"** below • Add all contact information using guidelines for contact types above • Click on **"Save"** and repeat to add more contacts	• CLICK on the Contact name in the "Select Record to Change" box below • Verify in the "Contact Details" section you have selected the correct contact and CLICK on **"Delete"** • Repeat to delete more contacts

WHEN FINISHED: Click on "Confirm and Continue"

NOTE: A minimum of 4 contacts is requested using a combination of mother/father, other contacts, and daycare provider.

CHANGE a contact's information: (1)

- CLICK on the contact to "Change" and it will be highlighted in blue. Make sure the correct contact shows under "Contact Details".
- CLICK [Change] to update.
- Make changes and CLICK on [Save] and repeat for more contact changes.

ADD a contact.   (2)

- CLICK on [Add]
- Add all contact information following the guidelines for REQUIRED FIELDS for contact types on the screen.
- CLICK [Save] and repeat to add more contacts.

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We also request information about your Doctor. If changes are needed, click on your previous Doctor's name or "Type Doctor name here." Follow procedures to **"Change"** contact information below

To **CHANGE** contact information:	To **ADD** a contact:	To **DELETE** a contact:
• Click on the Contact Name in the "Select Record to Change" box below • CLICK on **"Change"** • Make any changes and CLICK on **"Save"**	• CLICK on **"Add"** below • Add all contact information using guidelines for contact types above • Click on **"Save"** and repeat to add more contacts	• CLICK on the Contact name in the "Select Record to Change" box below • Verify in the "Contact Details" section you have selected the correct contact and CLICK on **"Delete"** • Repeat to delete more contacts

WHEN FINISHED: Click on "Confirm and Continue"

WHEN FINISHED:

✔	**Family Information**
✔	**Student**
3	**Contacts**
4	Medical History
5	Documents
6	Authorizations
7	Final Data Confirmation

Confirm and Continue

CLICK "Confirm and Continue"

Select Record to Change

Name	Address	Relation
ima testerdad		Father
Ima Aunt		Aunt
Ima Uncle		Uncle

[Change] [Add] [Delete]

DELETE a contact. **3**

Contact Details

Field	Data	Notes
Name	Ima Aunt	This field is used to address mailings from the school if applicable.
First Name	Ima	
Last Name	Aunt	
Name Suffix	Dr	
Address		
	New York NY	
Relationship	Aunt	
Lives With Student?	No	
Telephone Number	(333) 555-5555	
Work Phone		
Cell Number		
Email Address		
Employer Name		

- *CLICK on the contact to "Delete" and it will be highlighted in blue. Make sure the correct contact shows under "Contact Details".*
- CLICK [Delete]. If it is the correct contact to delete. CLICK "OK" when asked:

  Are you REALLY sure you want to delete this Contact Record?

  [OK] [Cancel]
- *Repeat to delete more contacts*

Select Record to Change

Name	Address	Relation
ima testerdad		Father
Ima Uncle		Uncle
TYPE Doctor name here		Doctor/Physician

CHANGE Doctor/Physician contact:

Contact Details

Field	Data	Notes
Name	Dr Thomas Jones	This field is used to address mailings from the school if applicable.
First Name		
Last Name		
Name Suffix		
Address		
	City: State: Zip: -	
Relationship	Doctor/Physician	
Lives With Student?		
Telephone Number		
Work Phone		
Cell Number	(555) 555-5555	
Email Address		
Employer Name		

[Save]

If you do not have a doctor/physician entered as a contact, you will see the contact name "TYPE Doctor name here", otherwise you will see your Dr.'s name.

- Follow the previous instructions to "Change" a contact.
- Type in your Doctor's name over the words "TYPE Doctor name here" or type your current Doctor over your previous Doctor's name
- Enter the Doctor's phone number.
- CLICK [Save]