INFORMATION CHANGE FORM

Child's name: ___________________________________ Child's room: ________________________________
(One form per child, please)

Please make the following change/s or addition/s to my child's application:

☐ Mailing address (address to which bills and applications are sent)
(complete address, including city, state, zip): __________________________________________________________

☐ Personal Information
In effect for Parent/Legal Guardian (name): ____________________________________________________________
Cell phone (with area code): ______________________________________________________________________
Email: _________________________________________________________________________________________
Work phone (with area code): ______________________________________________________________________
Work name and address (including city, state, zip): ______________________________________________________
Home address: _________________________________________________________________________________

☐ Change of UWM Children’s Learning Center qualifying parent and/or status:
Change qualifying parent to: ☐ mother  ☐ father  ☐ legal guardian ________________________________
Change qualifying parent status to:
☐ UWM Faculty  ☐ UWM Staff  ☐ UWM Alum  ☐ Community Member
☐ UWM Student (UWM Student ID#: ___________________________2023-24 FAFSA filed? ___Yes ___No

☐ Please add the following person/s to my list of persons authorized to pick up my child (Authorized persons must be at least 13 years of age.)

Name: __________________________________________ Relationship to child: ____________________________ ☐ yes ☐ no
Complete address: __________________________________________________________
Cell phone: __________________________ Work phone: __________________________ Home phone: _____________

Name: __________________________________________ Relationship to child: ____________________________ ☐ yes ☐ no
Complete address: __________________________________________________________
Cell phone: __________________________ Work phone: __________________________ Home phone: _____________

☐ Please delete the following person/s from my list of persons authorized to pick up my child:

________________________________________________________

Signature: __________________________ Date: __________________________
(of parent/guardian with legal custody of child) (OR qualifying university parent for status change)

Forms/center/information change form  4/11/24

Classroom staff initials: __________ Return to Enrollment Mgr’s mailbox.
Enrollment Mgr. initials: __________ Office Mgr. initials: __________
Billing Coord. initials: ____________