

# 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#: \_\_\_\_\_ 2024-25 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.*)**

Emergency Contact?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  yes  no

Complete address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Emergency Contact?

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)