

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 Assoc. member MPS/Shorewood

UWM Student (UWM Student ID#: _____ 2021-22 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)