

Broadreach Family & Community Services
Change of Information Form

Please complete this form any time your personal information changes and return it to your child's teacher.

Child's Name: _____

Today's Date: _____

Center Location: _____

Change Physical Address to: _____

Change Mailing Address to: _____

Change Home Phone to: _____

Change Cell Phone to: _____

Change Other Personal Information _____

Change Account Information

Begin charging the new account on this date (at least one week from today): _____

Card Information

Charge my tuition payments to my

Visa MasterCard Card Number: _____ Expiration Date: _____

Billing Address _____ Billing Zip Code: _____

Name on Card: _____ Signature of Cardholder: _____

Billing frequency

Charge my card the weekly tuition owed every Monday.

Charge my card on the first Monday of every month my child is enrolled (weekly tuition owed times the number of weeks each month)

Charge my card on the first and third Mondays of the month, every month my child is enrolled (weekly tuition owed times the number of weeks each month divided by two)

OFFICE USE ONLY

CC: Child's File _____ ECE Director _____ Billing Specialist _____