THE DEPARTMENT OF EARLY EDUCATION AND CARE SUBSIDIZED CHILD CARE PARENT CONTACT INFORMATION FORM

The Department of Early Education and Care (EEC) requires that families maintain updated contact information, which includes: physical address, mailing address, phone number(s), and e-mail addresses. If your contact information changes during your Authorization period, you must submit a copy of this form to your Subsidy Administrator. These changes are expected to be reported immediately, but no later than 30 days from the date of the change. All correspondence will be sent to the address on file. If we do not have a current and accurate address, it may impact our ability to reach you with important notices in a timely manner. Documentation of the change (such as proof of address) does not need to be submitted until your next Reauthorization. Please complete the entire form.

Please check appropriate box:	
☐ Initial	☐ Change/Update
Physical Address:	
Marthan Addison	
Home Number:	
Work Number:	
Mobile Number:	
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_	ology to notify Parents of any changes to your subsidy or to advise ly Reauthorized. Please indicate below if you are requesting to ail.
Notifications via e-mail is offered	by this Subsidy Administrator: \square Yes \square No
$\ \square$ Yes, I would like to r	eceive notifications via e-mail
☐ No, I would like to re	eceive notifications via U.S. mail
Signature of Parent:	Date:
Print Parent Name:	
Subsidy Administrator Agency Name:	
Subsidy Administrator Staff Member:	
Received on:	