SUMMER 2017 APPLICATION INFORMATION

SUMMER SEMESTER DATES: Tuesday, May 22, 2017 – Friday, August 18, 2017.
The Center is closed Monday, May 29, for Memorial Day; Tuesday, July 4; and Monday, August 21–Friday, August 25.
The first day of the Fall semester is Monday, August 28, 2017.

ENROLLMENT ELIGIBILITY:
- **UWM Student:** Student status is determined by enrollment in a degree-granting or certification program and at least 3 graded credits for spring semester for undergraduates and 2 graded credits for graduate programs, and payment of the segregated fees. Students who are not registered for summer classes must be registered for the previous spring semester and the following fall semester OR must have been registered during the previous spring and fall semesters in order to be eligible for student rates during the summer.
- **UWM Faculty/Staff:** UWM Faculty/Staff status is determined by at least one parent being on the University payroll.
- **UWM Alumni:** Alumni status is determined by at least one parent being an active member of the UWM Alumni Association.
- **MPS/Shorewood:** Your child attending a Milwaukee Public School or Shorewood Public School is eligible to attend our after-school program and our summer program.

APPLICATION PROCEDURE
Applications received before 6:00 PM on Friday, March 10, 2017, will be processed on a random basis. Subsequent applications will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be mailed on April 17 to everyone who applied.

**Application Processing Fee**
For new applicants who are UWM students, there is a $30.00 application processing fee. For non-students, the processing fee is $40.00. The processing fee is payable at the Cashier’s Office located in Mitchell Hall, Room 285, on the corner of Kenwood and Downer. The receipt from the processing fee is due with this completed application.

SCHEDULING OPTIONS
The UWM Children’s Learning Center is open from 7:00 AM-6:00 PM Monday through Friday. The following scheduling options are available: *(Your child’s application cannot be processed without a schedule request.)*

**Infant/Toddler/Preschool Programs:**
- **Full-Time/Full-Year:** This plan (if slots are available) runs from 7:00 AM-6:00 PM Monday through Friday through August 18, 2017. A full-month deposit is required upon acceptance. See Full-Time/ Full-Year policies in the Family Handbook at uwm.edu/children. (See Forms.)
- **Half-Days:** Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30–6:00 p.m. for the Summer sessions you specify. These Half-Days may be scheduled in any pattern. There is a minimum of 2 Half-Days per week over 2 days per week.

**School-Age Programs:**
- **Full-Time Summer School-Age Plan.** School-age children are scheduled 7:00 a.m. – 6:00 p.m. Monday through Friday from June 12, 2017– August 18, 2017.
- **Weekly Summer School-Age Plan.** School-age children are scheduled 7:00 a.m. – 6:00 p.m. Monday through Friday for the summer sessions you specify.
- **Half-Days:** Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30–6:00 p.m. for the summer sessions you specify. There is a minimum of 2 Half-Days per week over 2 days per week. (If requesting Thursdays -- field trip days -- you must take that full day and an additional half day.)

**SCHEDULE CHANGES:** Once you have submitted your requested schedule, there is no guaranteed ability to drop time, unless the Center has a waiting list and is able to fill the time by scheduling another child. Schedule change forms to add additional time can be turned in at any time; however, space may not be available. There is a $5.00 charge for each schedule change form processed.

The UWM Children’s Learning Center is the proud recipient of student segregated fees through the UWM Student Association.
APPLICATION
Summer 2017

Cashier’s Office receipt # from application processing fee payment: ______________________ Date paid __________________

Qualifying Parent Status:

_____ UWM Student   ____ UWM Faculty/Staff   ____ UWM Alumni Assoc. member   ____ MPS student

(Please print legibly)

1. Child (legal name) __________________________________________________________

   Last    First    Middle

   Birthdate ___________________________ Age at Time of Application ____________________ Sex: M  F

   If your child is not born, expected due date __________________________

   Name you would like us to call your child ______________________________________

2. Home Address ________________________________________________________________

   Street

   City    State    Zip

3. Parent/Guardian (legal name) _________________________________________________

   Last    First    Relationship

   Primary Phone (_____) □cell □home Secondary Phone (_____) □cell □home

   Employer Name ____________________________________________________________

   Employer Address ___________________________ City________ State/Zip________

   Business Phone (_______) ___________________ Occupation ______________________

   Email address __________________________________________________________________

   Our weekly family newsletter will be sent to this email address.

   Social Security # _____________________________ (Required for application processing and collection purposes.)

   Check all that apply:

   _____ UWM Student enrolled for Summer 2017, or Spring 2017 and Fall 2017, or Fall 2016 and Spring 2017

   Student ID ____________________________________________

   To be considered for additional discounts: 2016-17 FAFSA filed? ___Yes ___No      Military-connected? ___ Yes ____No

   _____ UWM Faculty   _____ UWM Staff   _____ UWM Alumni Assoc. member   _____ MPS student

4. Parent/Guardian (legal name) _________________________________________________

   Last    First    Relationship

   Primary Phone (_____) □cell □home Secondary Phone (_____) □cell □home

   Employer Name ____________________________________________________________

   Employer Address ___________________________ City________ State/Zip________

   Business Phone (_______) ___________________ Occupation ______________________

   Email address __________________________________________________________________

   Our weekly family newsletter will be sent to this email address.

   Social Security # _____________________________ (Required for application processing and collection purposes.)

   Check all that apply:

   _____ UWM Student enrolled for Summer 2017, or Spring 2017 and Fall 2017, or Fall 2016 and Spring 2017

   Student ID ____________________________________________

   To be considered for additional discounts: 2016-17 FAFSA filed? ___Yes ___No      Military-connected? ___ Yes ____No

   _____ UWM Faculty   _____ UWM Staff   _____ UWM Alumni Assoc. member   _____ MPS student

   (continued)
5. Marital Status (check one): _____ Married _____ Re-Married _____ Separated _____ Divorced  
    _____ Single _____ Either Parent Deceased _____ Other

6. Name of parent(s)/guardian(s) with legal custody of child ____________________________________________

   If separated or divorced and only one parent has legal custody, please be prepared to provide copies of court-approved 
custody papers, if requested. (This would be requested if custodial parent does not give non-custodial parent authorization 
to pick child up.)

7. What language(s) does your child speak?____________________________________________________________

   What language(s) do you speak?______________________________________________________________

   Other parent/guardian? _______________________________________________________________________

   Please check here if ☐ you ☐ other parent/guardian wouldn’t mind being called to help with translating for and 
   welcoming a non-English speaking family into the Center.

8. Does your child have a history of:
    _____ disabilities such as physical, sensory, or cognitive  _____ heart problems
    _____ asthma  _____ seizures
    _____ diabetes  _____ premature birth
    _____ other conditions such as eczema, tubes in ears, etc. (please specify): _________________________________

   If you checked any of the above, please briefly describe any special care instructions or other information needed by the 
   child care staff/provider:

   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

9. Does your child have any allergies such as to bee stings, food, or medications? _____Yes _____No

   If “Yes”, please describe them: __________________________________________________________________

   _____________________________________________________________________________________________

10. Does your child have any social, emotional or physical developmental needs that we should be aware of?

   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

11. How did you find out about us?

   ________________________________

   Licensing requires you to submit a “Health History and Emergency Care Plan” form upon acceptance.

   I give consent to post information in the classroom about my child, such as my child’s name, birth date, parent/guardian names, 
siblings, medical conditions, and special food/care requests.

   I understand that all children enrolled at the UWM Children’s Learning Center may be taken on walks on the perimeter of and 
within the UWM campus during their regularly scheduled time or requested extra time.

   The UWM Children’s Learning Center recognizes that it is entrusted with the care of your child. Although our teacher-to-
student ratios are well above state licensing guidelines, kids play and sometimes accidents happen that are beyond the 
control of our staff. For example, sometimes kids run, trip and/or fall. By signing this application you acknowledge such 
risks and agree not to sue the Children’s Learning Center, UWM, or the Board of Regents of the University of Wisconsin 
System for these types of accidents or conduct by other children. (We are not asking you to waive any rights you have with 
respect to any claims based on our negligence, intentional misconduct or recklessness.)

   Parent/Guardian signature: _______________________________________ Date: ________________________________
CHILD'S SCHEDULE REQUEST - Infant/Toddler/Preschool Programs
Summer 2017

Child's Name ___________________________________________________________

PLEASE INDICATE FOR WHICH OF THE FOLLOWING OPTIONS YOU ARE APPLYING:
(Acceptance into all plans is on a space-available basis.)

☐ Full-Time/Full-Year Plan
   Full-Time/Full-Year slots are limited and may not be available beginning in summer.
   A full-month deposit (refunded at the end of the plan year) is required. Please read the Full-Time/Full-Year Policies in the Family Handbook (can be viewed at uwm.edu/children/forms) before requesting this plan. This plan continues through August 18, 2017. I understand that, if accepted, my child will be scheduled 7:00 a.m. - 6:00 p.m. Monday - Friday. I understand that since this is a special plan, I cannot drop any of these hours any time during the period in which my child is enrolled in this plan without incurring penalties as described in the Family Handbook dated 9/13/16 or later.

☐ Half-Day Plan  (Please complete schedule request on reverse side.)
   I am applying for the summer semester (May 22 – August 18, 2017). If I would like my child to continue after August 18, I will need to reapply for the fall semester (August 28 – December 22, 2017). (We are closed August 21-25, 2017.)

I. ____________________________________________, agree to pay the Children’s Learning Center for all scheduled hours requested, extra hours, and penalty charges, as outlined in the Family Handbook dated 9/13/16 or later, and at the rate specified in the Fee Structure, or at the rates as specified in any written notification that supersedes the Fee Structure. I have read and hereby agree to comply with the terms as stated in the Family Handbook dated 9/13/16 or later.

Signature ___________________________ Date ______________________

NOTE: Signature must be that of the qualifying university parent/guardian.

(continued)
Infant/Toddler/Preschool Programs Half-Day Plan

Please indicate (with an “X”) the half-days you wish to apply for. (Children may be scheduled for any number of sessions – full sessions only -- but they must be scheduled for a minimum of two half-days per week over 2 days per week in each session chosen.)

We will be closed Monday, May 29; Tuesday, July 4; and Monday, August 21-Friday, August 25.

Early Week: Monday, May 22 – Friday, May 26, 2017

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Session A: Tuesday, May 30 – Friday, June 9, 2017

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Session B: Monday, June 12– Friday, June 23, 2017

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Session C: Monday, June 26– Friday, July 7, 2017

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Session D: Monday, July 10 – Friday, July 21, 2017

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Session E: Monday, July 24 - Friday, Aug. 4, 2017

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Session F: Monday, Aug. 7– Friday, Aug. 18, 2017

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The first day of the Fall semester is Monday, August 28, 2017.
UWM CHILDREN’S LEARNING CENTER
EMERGENCY CONTACT INFORMATION

PLEASE FILL THIS OUT IN ITS ENTIRETY. THIS IS IMPORTANT INFORMATION REQUIRED BY STATE LICENSING. WE RESERVE THE RIGHT NOT TO PROCESS YOUR APPLICATION IF THIS INFORMATION IS NOT COMPLETE.

Child's Name _____________________________________________________________________________________________________

Child's Doctor (first & last name) _____________________________________________________________________________________

Doctor's Phone ____________________________________________________________

Doctor's Full Address ______________________________________________________________________________________________
____________________________________________________________
Street
City            St         Zip

Consent for Emergency Treatment:
If emergency medical care becomes necessary, I authorize UWM and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be administered upon the advice of a physician and/or to be transported to a hospital at the discretion of police and/or fire department paramedics or EMT’s. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered.

Signature ____________________________  Date ____________________________

(Parent/Guardian)

Please list below the people who are authorized to pick up your child. (Authorized persons must be at least 13 years of age.) Indicate if these people could be contacted in an emergency when the parent(s) cannot be reached, and could be contacted to pick up your child if he or she is still at the Center after their scheduled hours and the parent(s) cannot be reached. If parents are not married, then only the parent(s) listed under #6 on the Child Application page as having legal custody is/are authorized to pick up the child, unless the other parent is listed below. Licensing requires at least one emergency contact other than parents or guardians.

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<th>Emergency Contact</th>
<th>1. Name (legal)</th>
<th>Relation (to child)</th>
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2/9/17 enroll\application\emergency contact info.doc
CHILD INFORMATION – INFANTS/TODDLERS
(to be filled out for children 6 weeks to 3 years old)

Child's Name ____________________________ Date ____________________________

Name you would like us to call your child ____________________________

Age _______ Date of Birth ____________________________ _______ Male _______ Female

Name(s) by which parent(s) prefer to be called by the teachers ____________________________

Name(s) your child uses to refer to: Parent(s)/Guardian(s) ____________________________

Other significant people in child’s life? ____________________________

Any hobbies/special interests you might want to share with us? ____________________________

You are our most important resource! This form is used by your child's teachers to better understand and meet your child’s individual needs. Because your child is continuously growing and changing we would appreciate your time in filling out this form completely. Please update teachers verbally if important information changes.

1. With whom does your child reside? (List everyone who lives with your child and their relationship to the child, and pets you might have.) ____________________________

2. Has your child had any previous school, play group, child care or baby sitter experience? Was this a positive experience? Is your child currently participating in any of the above? Please name and describe setting. _________

3. Any scars or birthmarks that may be helpful for staff to know about? ____________________________

4. Current motor development:
   ____turning over  ____ sitting  ____ crawling  ____ pulling-up  ____ walking  ____ climbing  ____ running

5. Describe concerns you may have regarding any areas of your child’s development:
   ____________________________
   ____________________________
   ____________________________

Please note that all children under one year of age must be put to sleep on their back unless we have a signed statement from the child’s doctor recommending that the child be put to sleep on their stomach. Please consider this when putting your child down to sleep at home.

Along with your child’s acceptance letter, you will get a more detailed form asking about your child’s eating and sleeping routines, as well as information regarding your child’s temperament and current development. This information will be invaluable to us in caring for your child and working with you. Because it is a licensing requirement, please get it back to us at least one week prior to your child starting. Thank you.
Did you remember to pay the application processing fee?

This page must accompany the Application Processing Fee payment at Cashier’s Office, Mitchell Hall, Room 285 before your application is submitted to us.

Child’s Name: __________________________________________________________
Qualifying Parent: _______________________________________________________

- $30.00 Application Processing Fee
  _____ UWM Student

- $40.00 Application Processing Fee
  _____ UWM Faculty  _____ UWM Alumni Association member
  _____ UWM Staff  _____ MPS/Shorewood

Cashier’s Office: Please forward this form with receipt to the Children’s Learning Center Enrollment Manager.