**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) ____________________________ Relationship ________________________
   Last  First
   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) ____________________________ Relationship ________________________
   Last  First
   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 __________________________

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.

1. Name (legal)__________________________________  Address ____________________________
   City/State___________________________________  Relation (to child)____________________  __ Yes  __ No  Cell Phone _________________________
   Home Phone _________________________  Work Phone __________________________

2. Name (legal)__________________________________  Address ____________________________
   City/State___________________________________  Relation (to child)____________________  __ Yes  __ No  Cell Phone _________________________
   Home Phone _________________________  Work Phone __________________________

3. Name (legal)__________________________________  Address ____________________________
   City/State___________________________________  Relation (to child)____________________  __ Yes  __ No  Cell Phone _________________________
   Home Phone _________________________  Work Phone __________________________

4. Name (legal)__________________________________  Address ____________________________
   City/State___________________________________  Relation (to child)____________________  __ Yes  __ No  Cell Phone _________________________
   Home Phone _________________________  Work Phone __________________________

5. Name (legal)__________________________________  Address ____________________________
   City/State___________________________________  Relation (to child)____________________  __ Yes  __ No  Cell Phone _________________________
   Home Phone _________________________  Work Phone __________________________

2/9/17 enroll\application\emergency contact info.doc
CHILD INFORMATION -- PRESCHOOL
(To be filled out for children ages 3 to 5 years old)

Date ____________________________

Child's Name ________________________ Age _______ _______ Male _______ Female _______

Name you would like us to call your child______________________________________________

Do you have other children in the Center? ______________________________________________

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

With whom does your child reside? ______________________________________________________

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

Other significant people in child’s life? ____________________________________________________

* If your child is non-English speaking, the Teacher will want to meet with you personally to discuss adjustment concerns prior to your child's beginning.

You are our most important resource! This form is used by your child's teacher to better understand and meet your child's needs. Because your child is continuously growing and changing we would appreciate your time in filling out this form completely. Please feel free to write N/A (not applicable). Please update teachers verbally if important information changes.

1. Siblings: (names and ages) ____________________________________________________________

   Family pets: ________________________________________________________________________

2. Please describe any previous school, play group, child care or baby sitter experiences your child has had.

   ____________________________________________________________

   Were these positive experiences? _____________________________________________________

3. If applicable, name of school your child attends and how they will be transported to and/or from the Center.

   ____________________________________________________________

4. Will you have a non-home child care arrangement for your child in addition to ours? Please describe.

   ____________________________________________________________

5. Have there been any major changes in the family constellation? Any changes in your family, (e.g. moving, divorce, medical problems, job changes, changes in routine), which may be affecting your child?

   ____________________________________________________________

6. Do you have any concerns regarding your child’s motor, language or social/emotional development?

   ____________________________________________________________

7. What new skills/accomplishments is your child presently working on (e.g. pedaling, drawing circles, catching a ball, answering the phone, etc.) ________________________________

   (continued)
8. What are some of your child's most recent favorite activities, interests and toys?


10. What are your usual methods of behavior guidance? Which method(s) does your child respond to best?

11. What methods of reassurance work best with your child?

12. Do you have any particular concerns about your child's eating habits?

13. Is your child daytime trained for urine? for bowels? What words does your child use to describe these processes?

14. What is your child's napping pattern at home?

15. What is his/her nighttime sleeping schedule?

16. Do you have any collections, hobbies, interests or skills you would be willing to share with the children?

17. Parent occupation(s):

18. Is there anything about your family you would like us to know?
UWM Children’s Learning Center

Application Processing Fee form

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.