*(start date of Tuesday, September 5, is an option for some plans)
UWinteriM (January 2-19, 2018) is not part of the Fall Semester and needs to be signed up for separately.
The first day of the Spring 2018 Semester is Monday, January 22, 2018.

ENROLLMENT ELIGIBILITY:
• UWM Student: Student status is determined by enrollment in a degree-granting or certification program and at least 3 graded credits for fall semester for undergraduates and 2 graded credits for graduate programs, and payment of the segregated fees.
• 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: Your MPS child is eligible to attend our after-school program and our summer program.

APPLICATION PROCEDURE
Applications received before 6:00 PM on Friday, June 2, 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 July 3 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 from August 28, 2017, through August 17, 2018. A full-month deposit is required upon acceptance. See Full-Time/ Full-Year policies in the Family Handbook on our website at uwm.edu/children. (See Enrollment/Forms & Documents.)
• Half-Days: Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30 p.m. – 6:00 p.m. for the Fall 2017 semester (see dates at top of page). 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:
• Part-Time/Full-Year (MPS/Shorewood): This plan runs from 2:30-6:00 PM or 3:30-6:00 PM Monday through Friday during the 2017-18 school year and 7:00 AM – 6:00 PM for all published MPS/Shorewood school closing days and Monday through Friday during summer 2018. See Part-Time/Full-Year policies in the Family Handbook on our website at uwm.edu/children. (See Enrollment/Forms & Documents.)
• After School: We offer four different after-school blocks for the Fall 2017 semester (see dates at top of page): 11:00 AM - 6:00 PM, 12:30-6:00 PM, 2:30-6:00 PM and 3:30-6:00 PM. There is a minimum of 2 after-school blocks per week.

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
Fall 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

   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 Fall 2017

   Student ID ______________________

   To be considered for additional discounts: 2017-18 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

   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 Fall 2017

   Student ID ______________________

   To be considered for additional discounts: 2017-18 FAFSA filed? ___Yes ___No  Military-connected? ___ Yes ___No

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

(continued on reverse)
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 – Fall 2017

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

Infant/Toddler/Preschool Programs:
Child’s Name ____________________________ (please print first and last name)

____ Full-Time/Full-Year Plan (Monday, August 28, 2017 through Friday, August 17, 2018)
A full-month deposit (refunded at the end of the plan year) is required upon acceptance. Please read the Full-Time/Full-Year Policies in the Family Handbook at uwm.edu/children before requesting this plan. I understand that, if accepted, my child will be scheduled 7:00 a.m.–6:00 p.m. Monday–Friday from August 28, 2017, through August 17, 2018, and that I cannot drop any of these hours at any time during the period in which my child is enrolled in this plan without incurring penalties as described in the Family Handbook dated 4/5/17 or later. On bottom of next page, please insert your name and your signature.

____ Half-Day Plan (Please indicate half-days requested below.)
I am applying for the Fall semester (Monday, August 28*, 2017 – Friday, December 22, 2017). The Center will be closed from December 25, 2017 – January 1, 2018. If I would like my child to continue after January 1, I will need to submit a Schedule Request for UWinteriM (Tuesday, January 2, 2018 – Friday, January 19, 2018). On bottom of next page, please insert your name and your signature.

☐ *Please check here if you would like your child to start their Fall Semester on Tuesday, September 5, 2017 (the first day of UWM classes).

Please indicate below (with an “x”) the half-days you wish to apply for.
(Children must be registered for a minimum of 2 half-days per week over 2 days per week.)

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<td>12:30 to 6:00</td>
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School-Age Programs:
Child’s Name ____________________________ (please print first and last name)

Grade_____________ School ____________________
School District ___________________________________________________________________

____ Part-Time/Full-Year School-Age Plan (Monday, August 28, 2017 – Friday, August 17, 2018)
I understand that my child will be scheduled, based on the school above, either from 2:30-6:00 p.m. or 3:30-6:00 p.m. Monday-Friday during the 2017-18 MPS/Shorewood school year, and 7:00 a.m. – 6:00 p.m. for published MPS/Shorewood School Closing Days and Monday-Friday during summer 2018. I understand that this is a contract plan as described in the Family Handbook dated 4/5/17 or later. On bottom of next page, please insert your name and your signature.

IF YOUR CHILD IS ACCEPTED FOR ANY OF THE OPTIONS ON THE NEXT PAGE AND YOU WOULD LIKE YOUR CHILD TO CONTINUE AFTER DECEMBER 22, 2017, YOU WILL NEED TO SUBMIT A SCHEDULE REQUEST FOR UWINTERIUM (TUESDAY, JANUARY 2, 2018 – FRIDAY, JANUARY 19, 2018). You will also be mailed a separate form for requesting additional time on individual MPS/Shorewood published school closing days.

(continued)
School-Age Programs (continued):

**After School 11:00 a.m. – 6:00 p.m. OR 12:30-6:00 p.m.**

I am applying for my child to be scheduled 11:00 a.m.-6:00 p.m. or 12:30-6:00 p.m. for the days that I request during the Fall semester (Monday, August 28*, 2017 – Friday, December 22, 2017). Please indicate below (with an “x”) the days you wish to apply for. Children must be registered for a minimum of 2 days per week.

☐ *Please check here if you would like your child to start their Fall Semester on Tuesday, September 5, 2017 (the first day of UWM classes).

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**After-School 2:30-6:00 p.m.**

I am applying for my child to be scheduled 2:30 - 6:00 p.m. for the days that I request during the Fall semester (Monday, August 28*, 2017 – Friday, December 22, 2017). Please indicate below (with an “x”) the days you wish to apply for. Children must be registered for a minimum of 2 days per week.

☐ *Please check here if you would like your child to start their Fall Semester on Tuesday, September 5, 2017 (the first day of UWM classes).

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**After-School 3:30-6:00 p.m.**

I am applying for my child to be scheduled 3:30 - 6:00 p.m. for the days that I request during the Fall semester (Monday, August 28*, 2017 – Friday, December 22, 2017). I understand that if my child attends Hartford University School they will be escorted to the UWM Children’s Learning Center on the days they are scheduled. Please indicate below (with an “x”) the days you wish to apply for. Children must be registered for a minimum of 2 days per week.

☐ *Please check here if you would like your child to start their Fall Semester on Tuesday, September 5, 2017 (the first day of UWM classes).

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I, ________________________________, agree to pay the UWM Children’s Learning Center for all scheduled hours requested, extra hours and penalty charges, as outlined in the Family Handbook dated 4/5/17 or later and at the rate specified therein, or at the rates as specified in any written notification that supersedes the Family Handbook. I hereby agree to comply with the terms as stated in the Family Handbook.

I understand that if my child attends Hartford University School they will be escorted to the Center on the days they are scheduled, and that I will be charged a monthly escort fee of $15 for this service.

Signature ___________________________ Date ___________________________

NOTE: Signature must be that of the qualifying university parent or guardian.
UWM CHILDREN’S LEARNING CENTER
EMERGENCY CONTACT INFORMATION

PLEASE FILL THIS OUT IN ITS ENTIRETY. THIS IS IMPORTANT INFORMATION REQUIRED BY STATE LICENSING. WE RESERVED 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 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.

1. Name (legal) __________________________________________________ Relation (to child) ____________________ Emergency Contact _ Yes _ No
   Address ____________________________________________________________
   City/State ______________________________ ____________________________
   Cell Phone ____________________________ Home Phone ____________________
   Work Phone ____________________________

2. Name (legal) __________________________________________________ Relation (to child) ____________________ Emergency Contact _ Yes _ No
   Address ____________________________________________________________
   City/State ______________________________ ____________________________
   Cell Phone ____________________________ Home Phone ____________________
   Work Phone ____________________________

3. Name (legal) __________________________________________________ Relation (to child) ____________________ Emergency Contact _ Yes _ No
   Address ____________________________________________________________
   City/State ______________________________ ____________________________
   Cell Phone ____________________________ Home Phone ____________________
   Work Phone ____________________________

4. Name (legal) __________________________________________________ Relation (to child) ____________________ Emergency Contact _ Yes _ No
   Address ____________________________________________________________
   City/State ______________________________ ____________________________
   Cell Phone ____________________________ Home Phone ____________________
   Work Phone ____________________________

5. Name (legal) __________________________________________________ Relation (to child) ____________________ Emergency Contact _ Yes _ No
   Address ____________________________________________________________
   City/State ______________________________ ____________________________
   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.) ________________________________________________________________

(cont’d on reverse)
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? 

____________________________________________________________________________________________________

Do you have any particular behavior concerns you would like us to be aware of? 

____________________________________________________________________________________________________

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? 

____________________________________________________________________________________________________

Are there any specific concerns you have or tips you can give us regarding your child's bathrooming habits? 

____________________________________________________________________________________________________

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

____________________________________________________________________________________________________

What is your accustomed manner of putting your child to bed for naps (child lies down by himself, child gets back rubbed, child sleeps with blanket or soft toy)? 

____________________________________________________________________________________________________

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? 

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Enroll/Application/child info ps.doc 11/10/15
UWM Children’s Learning Center

Application Processing Fee form

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

Did you remember to pay the application processing fee?