*(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 fee.
- **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
   Relationship __________________
   Primary Phone (_____) __________  ☐ cell  ☐ home  Secondary Phone (_____) __________  ☐ cell  ☐ home
   Employer Name ____________________________________________
   Employer Address _____________________________________________
   City  State/Zip
   Business Phone (_____) __________  ☐ cell  ☐ home
   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
   Relationship __________________
   Primary Phone (_____) __________  ☐ cell  ☐ home  Secondary Phone (_____) __________  ☐ cell  ☐ home
   Employer Name ____________________________________________
   Employer Address _____________________________________________
   City  State/Zip
   Business Phone (_____) __________  ☐ cell  ☐ home
   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)

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.)

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
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<tr>
<td>7:00 to 12:30</td>
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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 UWinteriM (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).

<table>
<thead>
<tr>
<th>Time</th>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>11:00 am.-6:00 p.m.</td>
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<tr>
<td>12:30-6:00 p.m.</td>
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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).

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30-6:00 p.m.</td>
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</table>

___ 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).

<table>
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<tr>
<th>Time</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30-6:00 p.m.</td>
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</table>

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.
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.

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>1. Name (legal)</th>
<th>Address</th>
<th>City/State</th>
<th>Relation (to child)</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name (legal)</td>
<td>Address</td>
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<td>Relation (to child)</td>
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</table>

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?
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?