SPRING 2018 SEMESTER DATES: Monday, January 22, 2018 – Friday, May 18, 2018

The first day of the Summer Semester is Monday, May 21, 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 spring 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/Shorewood: Your MPS or Shorewood Public School child is eligible to attend our after-school program and our summer program.

APPLICATION PROCEDURE

Applications received before 6:00 PM on Friday, November 17, 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 December 18 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-Friday 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 Spring 2018 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 Program:

- After School: We offer four different after-school blocks for the Spring 2018 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
Spring 2018

Cashier’s Office receipt # from application processing fee payment: _________________________ Date paid ______________

Enrollment Status:
_____ UWM Student  _____ UWM Faculty/Staff  _____ UWM Alumni Assoc. member  _____ MPS/Shorewood 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 (if different from legal name) __________________________

2. Home Address_____________________________________________________________________________________

   Street

   City
   State
   Zip

3. Parent/Guardian (legal name) ________________________________________________________________ Relationship_________________

   Contact information when child is in our care: (Please indicate ‘none’ or ‘not applicable’ if that is the case.)

   Primary Phone (_________) ____________________________  ❑ cell  ❑ home  ❑ work

   Secondary Phone (_________) ____________________________  ❑ cell  ❑ home  ❑ work

   Email address __________________________________________________________________________________

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

   Employer Name ______________________________ Employer Address ____________________________________

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

   Check all that apply:
   _____ UWM Student enrolled for Spring 2018

   Student ID ________________________________

   To be considered for add’l discounts: 2017-18 FAFSA filed? ___Yes ___No  Military-connected? ___Yes ___No

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

4. Parent/Guardian (legal name) ________________________________________________________________ Relationship_________________

   Contact information when child is in our care: (Please indicate ‘none’ or ‘not applicable’ if that is the case.)

   Primary Phone (_________) ____________________________  ❑ cell  ❑ home  ❑ work

   Secondary Phone (_________) ____________________________  ❑ cell  ❑ home  ❑ work

   Email address __________________________________________________________________________________

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

   Employer Name ______________________________ Employer Address ____________________________________

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

   Check all that apply:
   _____ UWM Student enrolled for Spring 2018

   Student ID ________________________________

   To be considered for add’l discounts: 2017-18 FAFSA filed? ___Yes ___No  Military-connected? ___Yes ___No

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

(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 hereby agree to comply with the terms as stated in the Family Handbook.

    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 – Spring 2018

Infant/Toddler/Preschool Programs:
(School-Age Programs: see next page)

Child’s Name _____________________________________________

(please print first and last name)

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

____ Full-Time/Full-Year Plan (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 January 22, 2018, 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.

____ Half-Day Plan (Please indicate half-days requested below.)
I am applying for the Spring semester (Monday, January 22, 2018 – Friday, May 18, 2018). If I would like my child to continue after May 18, I will need to reapply for all or part of the Summer semester (Monday, May 21, 2018 – Friday, August 17, 2018).

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>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 to 12:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 to 6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

Signature ____________________________________________ Date ___________________________

NOTE: Signature must be that of the qualifying university parent or guardian.
School-Age Programs:

Child's Name ______________________________________________________ (please print first and last name)
Grade _______________ School ___________________________________________
School District ______________________________________________________

The last day of school for Early Start MPS is Thursday, May 18; Shorewood is Thursday, June 7; Traditional MPS is Friday, June 8. IF YOUR CHILD IS ACCEPTED FOR ANY OF THE FOLLOWING OPTIONS AND YOU WOULD LIKE YOUR CHILD TO CONTINUE AFTER MAY 18, 2018, YOU WILL NEED TO REAPPLY FOR ALL OR PART OF THE SUMMER SEMESTER (MONDAY, MAY 21, 2018– FRIDAY, AUGUST 17, 2018). You will also be mailed a separate form for requesting full days on individual MPS/Shorewood published school closing days.

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

____ 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 Spring semester (January 22, 2018 – May 18, 2018). 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.

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

____ 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 Spring semester (January 22, 2018 – May 18, 2018). 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, for a monthly fee of $15. 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.

<table>
<thead>
<tr>
<th></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 Spring semester (January 22, 2018 – May 18, 2018). 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, for a monthly fee of $15. 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.

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

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 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 (other than the parents/guardians) 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (legal)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/State</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Name (legal)   |     |
| Address           |     |
| City/State        |     |
| Cell Phone        |     |
| Home Phone        |     |
| Work Phone        |     |

| 3. Name (legal)   |     |
| Address           |     |
| City/State        |     |
| Cell Phone        |     |
| Home Phone        |     |
| Work Phone        |     |

| 4. Name (legal)   |     |
| Address           |     |
| City/State        |     |
| Cell Phone        |     |
| Home Phone        |     |
| Work Phone        |     |

| 5. Name (legal)   |     |
| Address           |     |
| City/State        |     |
| Cell Phone        |     |
| Home Phone        |     |
| Work Phone        |     |

8/22/17 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: __________________________________________________________
UWM Qualifying Parent: __________________________________________________

- $30.00 Application Processing Fee
  — UWM Student

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

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