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
   Birthday ____________________________ 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_________________
   Last       First       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_________________
   Last       First       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)
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?  ________________________________________________________________

License 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.)

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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.

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.

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<td>11:00 am.-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 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.

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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 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.

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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.

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**

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### 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.**

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<th>Emergency Contact</th>
<th>Name (legal)</th>
<th>Relation (to child)</th>
<th>Cell Phone</th>
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8/22/17 enroll\application\emergency contact info.doc
Date ______________________________________
Child's Name ________________________________ Age _____ _____ Male _____ Female
Name you would like us to call your child ________________________________________________
Name(s) by which parent(s) prefer to be called by the teachers __________________________________
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 ways
to help your child adjust 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) _____________________________________________________________

2. Family pets: ______________________________________________________________________

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

   Were these positive experiences? ______________________________________________________________________________________

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

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

4. What do you hope your child will gain from their experiences at the Center? ______________

   __________________________________________________________________________________

5. How does your child relate to other children? _____________________________________________________________________________

   __________________________________________________________________________________

( cont’d on reverse)
6. How does your child relate to adults? 

7. 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? 

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

9. What are your child’s best qualities? 

10. What new skills/accomplishments is your child presently working on (e.g. writing his/her name, team sports, learning to read, riding a bicycle, etc.)? 

11. What are some of your child's most recent favorite activities, interests and toys? 

12. Does your child exhibit specific fears? (Please describe) 

13. 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? 

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

15. All children need a little time to rest during their day. In which ways does your child seek relaxation? 

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

17. What is his/her nighttime sleeping schedule? 

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

19. Parent occupation(s) 

20. Is there anything else about your family you would like us to know? 

11/10/15 application\child info sa.doc
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: __________________________________________________________

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.