



University of Wisconsin – Milwaukee  
College for Kids/Teens (CFK/T)  
Parental Consent

Please mail or email completed consent forms to:  
161 W. Wisconsin Ave. Ste. 6000 Milwaukee, WI 53203  
cfkids@uwm.edu

I UNDERSTAND THAT I AM BEING ASKED TO READ THE FOLLOWING PARAGRAPH CAREFULLY, AS IT AFFECTS MY LEGAL RIGHTS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS CONSENT, I MAY CONTACT CINDY RUFFERT, DIRECTOR, AT TELEPHONE 414-227-3360 (before 6/1) or 414-940-1896 (after 6/1). PLEASE BE SURE TO READ BOTH SIDES AND INITIAL OR SIGN IN EVERY LOCATION.

I, \_\_\_\_\_, parent of  
(parent name)

\_\_\_\_\_, hereby voluntarily agree  
(If you wish to include multiple students on this form, please list names here)

to assume all risks and responsibilities surrounding my child’s participation in the CFK/T Program. I understand that, depending on the subject matter and activities of this class, including field trips, there may be inherent risks, dangerous conditions, or harmful consequences if I allow my child’s participation in this program. I hereby consent and agree to indemnify the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin—Milwaukee (the University), its officers, agents, employees and volunteers from any liability or claims on account of damage to personal property, or personal injury or death, which may result from my child’s participation, unless such damage or injury is the result of intentional misconduct or recklessness on the part of the University. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
This consent is valid for 1 year from the date of signature.

Child’s Race/Ethnicity (Voluntary information collected to enhance UW-Milwaukee programming.)

- 01 Black (not of Hispanic origin)     02 Asian/Pacific Islander
- 03 American Indian/Alaskan Native
- 04 Hispanic     05 White (not of Hispanic origin)

**Once your child is registered there are no refunds or transfers.**  
**Refunds are made only for classes cancelled by CFK/T.**

**IMPORTANT INFORMATION ON OTHER SIDE – PLEASE FILL OUT AND RETURN ASAP**

**University of Wisconsin Milwaukee  
College for Kids/Teens (CFK/T)  
Parental Consent and Authorization Form**

I hereby consent/authorize my child to receive emergency medical care in the event I cannot be reached. This authorizes University personnel to obtain treatment from any health care provider should the need arise. I understand that I am responsible for the costs of all services and medications.

I understand that from time to time, photographers from various local news or marketing publications may take pictures of my child participating in the group activities of the CFK/T Program. I consent to my child being photographed, unless I indicate otherwise at the bottom of this page.

**This consent is valid for 1 year from the date of signature, unless revoked in writing.  
By signature below, I certify that I have read, understood, and agree to the above.**

\_\_\_\_\_  
(Signature of legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Student 1 birthdate

\_\_\_\_\_  
Grade level next fall

\_\_\_\_\_  
Student 2 birthdate

\_\_\_\_\_  
Grade level next fall

**Emergency Information: Please provide numbers where you can be reached at between 9am-4pm.**

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Primary Number Secondary Number Email Address

Emergency \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
List anything the child is allergic to (including medications, food, bee stings, etc.)

**Additional Important Information – Please circle & initial where necessary:**

**REFUNDS**

Once your child is registered there are no refunds or transfers.

Parent/Guardian Initial: \_\_\_\_\_

**SUPERVISION**

I give permission for my child to be without adult supervision while attending CFK/T.

\_\_\_\_\_ (yes/no) Parent/Guardian Initial: \_\_\_\_\_ (Being without supervision is an orange wristband)

**WRISTBANDS**

Wristbands are given out on the first day and are to be worn throughout the program. If your child is enrolled in more than one session, they will be given a new band(s) at the beginning of each session. It is your responsibility to make sure they have it on each day. This is the way we identify our students and the limitations that you have chosen. Each limitation corresponds to a specific color band. Your child will not be allowed to participate in class unless they have the wristband on. Students are able to trade old bands for replacement bands. If your child has lost or left their wristband at home they will need to pay \$3 to get a replacement band (\$20 for replacement of orange wristbands without the original). There are no exceptions. Replacement fees need to be paid before the child can go to class. If someone does not have money for the replacement of the orange band they will be given a yellow band and lose all orange band privileges until they have paid the \$20 replacement fee. Parent/Guardian Initial that you have read and understood this procedure: \_\_\_\_\_

**ORANGE WRISTBANDS**

Please understand that having an orange wristband is a privilege. CFK/T can choose to revoke these privileges should the student be abusing them. Only students with an orange band are allowed to enter the Union store or leave the Terrace Room. Parent/Guardian Initial that you have read and understood this procedure: \_\_\_\_\_

**PHOTOS/VIDEOS**

There may be times when pictures/videos are taken for use of promotional material.

My child's picture may be used for promotional materials \_\_\_\_\_ (yes/no) Parent/Guardian Initial: \_\_\_\_\_

**SPECIAL NEEDS**

Children with special needs (e.g. physical, mental, academic, social, dietary) please contact CFK/CFT at 414-227-3360 (before 6/1) or 414-940-1896 (after 6/1) at least **two weeks prior** to scheduled start date to discuss accommodations and complete a Special Needs Form.

**MEDICATION**

If your child requires any medication (prescription or non-prescription) while in attendance, you must contact CFK/T at 414-227-3360 (before 6/1) or 414-940-1896 (after 6/1) at least **two weeks prior** to scheduled start date for complete a Medication Authorization Form.

**LATE ARRIVALS/EARLY PICKUP**

I understand that if my student is late or needs to be picked up early it is my responsibility to take them to and from their classroom. If students have orange wristbands they will be allowed to come and go as needed. Parent/Guardian Initial: \_\_\_\_\_

**ARRIVALS**

I understand that my student is expected to be lined up at their class sign on time; regardless of wristband color. Parent/Guardian Initial: \_\_\_\_\_

**BEHAVIOR**

Children are expected to respect and be courteous to one another and CFK/CFT staff. Disruptive behavior such as hitting, biting, name-calling, running in the lunch room, running ahead of the class, destruction of property, etc. will not be tolerated. These situations will typically be handled as follows: Incident 1 – warning and discussion with student, Incident 2 – discussion with parent, Incident 3 – student will be dismissed from the program (no refunds given). Parent/Guardian Initial that you have read and understood this procedure: \_\_\_\_\_

**IMPORTANT INFORMATION ON OTHER SIDE – PLEASE FILL OUT AND RETURN ASAP**