

## 2024-25 KINDERGARTEN APPLICATION INFORMATION

### ENROLLMENT PRIORITY STATUS:

1. 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.
2. UWM Faculty/Staff: UWM Faculty/Staff status is determined by at least one parent being on the University payroll.
3. UWM Alumni: Alumni status is determined by at least one parent being a graduate of UWM.
4. Community Member: For families with none of the above affiliations with UWM.

### APPLICATION PROCEDURE

**Applications (consisting of '2024-25 Kindergarten Scheduling Options,' 'Family Information,' 'Emergency Contact Information' and 'Application Processing Fee Form') received at the Children's Learning Center before 6:00 PM on Monday, February 26, 2024,** will be processed by enrollment priority status. Applications submitted after priority deadline will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be sent on March 15 to everyone who applied by February 26.

### Application Processing Fee

*For waitlist families (for the current semester), there is no need to pay another processing fee; your prior processing fee will cover this application too.*

*For continuing families (those enrolled in the current semester), the \$10 application processing fee is added to your monthly bill. You do not need to go to the Office of Student Accounts.*

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 UWM Office of Student Accounts located in Mellencamp Hall, Room 110, just east of the Union; check the Office of Student Accounts website for hours ([www.uwm.edu/onestop](http://www.uwm.edu/onestop)). The Office of Student Accounts will only accept **cash or check** for the application processing fee – no credit/debit cards. (See last page of this application – Application Processing Fee Form.) Applications for new families will not be processed without payment of processing fee.

The UWM Children's Learning Center is open from 7:00 AM-6:00 PM Monday-Friday.

The Center will be closed all legal holidays according to the University calendar, in addition to:

- Friday, October 25, 2024
- Wednesday, November 27, 2024 – Friday, November 29, 2024
- Monday, December 23, 2024 – Wednesday, January 1, 2025
- Thursday, March 20, and Friday, March 21, 2025 (part of UWM Spring Break week)
- Monday, May 19 - Friday, May 23, 2025
- Monday, August 18, 2025 – Friday, August 22, 2025

All Center 'CLOSED' dates are listed on our Center Calendar, available on our website at [uwm.edu/children](http://uwm.edu/children); click on Calendar.

*The UWM Children's Learning Center is the proud recipient  
of student segregated fees through the UWM Student Association*



☐ UWM Faculty    ☐ UWM Staff    ☐ UWM Alumni    ☐ Community Member

4. Child resides with: ☐ both parents/guardians ☐ #2 above ☐ #3 above ☐ other \_\_\_\_\_
5. Marital Status (check one): ☐ 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 would be interested in welcoming and translating for a non-English speaking family at the Center.
8. Does your child have a history of:  
☐ IEP (Individualized Education Plan) ☐ disabilities such as physical, sensory, or cognitive  
☐ heart problems ☐ asthma ☐ seizures ☐ premature birth ☐ diabetes  
☐ 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: \_\_\_\_\_  
 \_\_\_\_\_  
☐ My child has no specific medical conditions.
9. Does your child have any social, emotional or physical developmental needs that we should be aware of?  
☐ Yes ☐ No If "Yes," please describe: \_\_\_\_\_  
 \_\_\_\_\_
10. Does your child have any allergies such as to bee stings, food, or medications? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_
11. How did you find out about us? \_\_\_\_\_

**Please check all boxes and sign below.**

- ☐ I hereby agree to comply with the terms as stated in the Family Handbook dated 3/29/23 or later.
- ☐ I give permission 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 give permission for my child to be taken on walks on the perimeter of and within the UWM campus during their regularly scheduled time or requested extra time.
- ☐ I give permission for classroom teachers to take pictures of my children for documentation purposes or to record a special activity. These photographs may be of individual children or groups of children and may be displayed in the classroom, Center hallways or the lobby. Pictures or videotapes of children are also taken for staff training purposes and/or for UWM classes on child development, early childhood education or child care.
- ☐ I have read COVID-19 Guidelines on UWM Children's Learning Center website ([uwm.edu/children](http://uwm.edu/children)).

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: \_\_\_\_\_

## 2024-25 KINDERGARTEN SCHEDULING OPTIONS:

Child's Name \_\_\_\_\_  
(please PRINT first and last name)

Birthdate \_\_\_\_\_

**Please indicate which of the following options you are applying for:**  
(Acceptance into either plan is on a space-available basis.)

*Please check one below:*

- ☐ I wish to enroll my child in the UWM Children's Learning Center **Kindergarten Academic Year** (does NOT include summer program) Monday-Friday, 7:00 a.m. - 6:00 p.m., 8/26/24-5/16/25 during all days the Center is open. (You may later decide to register for summer.)
- A half-month deposit is required upon acceptance, and the other half-month on August 1, 2024. Deposits are credited at the end of the plan year. Cancellation after June 1, 2024, results in forfeiture of the half-month deposit.
  - Please insert your name, signature & date below.
- ☐ I wish to enroll my child in the UWM Children's Learning Center **Kindergarten Full-Year** (includes summer program) Monday-Friday, 7:00 a.m. - 6:00 p.m., 8/26/24-8/15/25 during all days the Center is open.
- A half-month deposit is required upon acceptance, and the other half-month on August 1, 2024. Deposits are credited at the end of the plan year. Cancellation after June 1, 2024, results in forfeiture of the half-month deposit.
  - Please insert your name, signature & date below.

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 3/29/23 or later and at the rate specified therein, or at the rates as specified in any written notification that supersedes the Family Handbook.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## 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 State 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.

**Emergency Contact**

1. Name (legal) _____	Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Home Phone _____	
City/State _____	Work Phone _____	
	Relation (to child) _____	
2. Name (legal) _____	Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Home Phone _____	
City/State _____	Work Phone _____	
	Relation (to child) _____	
3. Name (legal) _____	Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Home Phone _____	
City/State _____	Work Phone _____	
	Relation (to child) _____	
4. Name (legal) _____	Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Home Phone _____	
City/State _____	Work Phone _____	
	Relation (to child) _____	
5. Name (legal) _____	Cell Phone _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Home Phone _____	
City/State _____	Work Phone _____	
	Relation (to child) _____	





## Application Processing Fee form *for NEW-to-the-Center families only*

For waitlist families (for the current semester), there is no need to pay another processing fee; your prior processing fee will cover this application too.

For continuing families (those enrolled in the current semester), the \$10 application processing fee is added to your monthly bill. You do not need to go to the Office of Student Accounts.



**All NEW families must pay the application processing fee  
before submitting their application to us.**

You must go to the Office of Student Accounts and pay the application processing fee before your application will be processed. **The Office of Student Accounts will only accept cash or check for the application processing fee – no credit/debit cards. You must state the fee is for the ‘Children’s Learning Center’ so the funds get credited to your child care account.** The Office of Student Accounts is located in Mellencamp Hall, Room 110 (just east of the Union). Their hours are on their website ([uwm.edu/onestop](http://uwm.edu/onestop)). Staple your receipt for the application processing fee to this form, and submit your entire application with this form to the Children’s Learning Center.

Child’s Name: \_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_

- \$30.00 Application Processing Fee (one per family)

☐ UWM Student

- \$40.00 Application Processing Fee (one per family)

☐ UWM Faculty   ☐ UWM Staff   ☐ UWM Alumni   ☐ Community member

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**OFFICE OF STUDENT ACCOUNTS:** *If parent neglects to take this form with them, please forward this form (with receipt) to the Children’s Learning Center Enrollment Manager.*