
The first day of the Summer 2019 Semester is Monday, May 20, 2019.

ENROLLMENT ELIGIBILITY:
• **UWM Student:** Student status is determined by enrollment for spring semester in a degree-granting or certification program and at least 3 graded credits for undergraduates and 2 graded credits for graduate programs, and payment of 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/Shorewood child is eligible to attend our after-school program and our summer program.

APPLICATION PROCEDURE
Applications received before 6:00 PM on Friday, November 16, 2018, will be processed within university status and priority groups. Subsequent applications will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be mailed on December 17 to everyone who applied by November 16.

**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 through August 16, 2019. 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 2019 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 2019 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 on your child’s application and been accepted, 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 2019

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

Qualifying Parent 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 _______________________________________________________________

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 no secondary phone and/or employer.)

   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 2019

   Student ID ____________________________

   To be considered for add’l discounts: 2018-19 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 no secondary phone and/or employer.)

   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 2019

   Student ID ____________________________

   To be considered for add’l discounts: 2018-19 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? __________________________________________________________

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 dated 7/12/18 or later.

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 2019

PLEASE INDICATE WHICH OF THE FOLLOWING OPTIONS 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 (through Friday, August 16, 2019)

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 - August 16, 2019, 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 7/12/18 or later. On bottom of page, please insert your name, signature and the date.

___ Half-Day Plan (Please indicate half-days requested below.)

I am applying for the Spring semester (Tuesday, January 22, 2019 – Friday, May 17, 2019). If I would like my child to continue after May 17, I will need to reapply for all or part of the Summer semester (Monday, May 20, 2019 – Friday, August 16, 2019). On bottom of page, please insert your name, signature and the date.

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 7/12/18 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 Program on next page)
School-Age Program:

Child's Name ______________________________________________________ (please print first and last name)
Grade ___________ School ____________________________________________________________
School District _____________________________________________________________

The last day of school for Early Start MPS is Wednesday, May 22; the last day for Traditional MPS and Shorewood is Wednesday, June 12. IF YOUR CHILD IS ACCEPTED FOR ANY OF THE FOLLOWING OPTIONS AND YOU WOULD LIKE YOUR CHILD TO CONTINUE AFTER MAY 17, 2019, YOU WILL NEED TO REAPPLY FOR ALL OR PART OF THE SUMMER SEMESTER (MONDAY, MAY 20, 2019 – FRIDAY, AUGUST 16, 2019). You will also be mailed a separate form for requesting full days on individual MPS/Shorewood published school closing days.

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 (Tuesday, January 22, 2019 – Friday, May 17, 2019). 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. On bottom of page, please insert your name, signature and the date.

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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 (Tuesday, January 22, 2019 – Friday, May 17, 2019). 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. 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, and that I will be charged a monthly escort fee of $15 for this service. On bottom of page, please insert your name, signature and the date.

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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 (Tuesday, January 22, 2019 – Friday, May 17, 2019). 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. On bottom of page, please insert your name, signature and the date.

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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 7/12/18 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 ______________________________________________________________________________________________

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.

1. Name (legal)__________________________________ Relation (to child)______________  Emergency Contact  __ Yes __ No
   Address ________________________________ Cell Phone _________________________
   City/State_____________________________ Home Phone _________________________
   Work Phone __________________________

2. Name (legal)__________________________________ Relation (to child)______________  Emergency Contact  __ Yes __ No
   Address ________________________________ Cell Phone _________________________
   City/State_____________________________ Home Phone _________________________
   Work Phone __________________________

3. Name (legal)__________________________________ Relation (to child)______________  Emergency Contact  __ Yes __ No
   Address ________________________________ Cell Phone _________________________
   City/State_____________________________ Home Phone _________________________
   Work Phone __________________________

4. Name (legal)__________________________________ Relation (to child)______________  Emergency Contact  __ Yes __ No
   Address ________________________________ Cell Phone _________________________
   City/State_____________________________ Home Phone _________________________
   Work Phone __________________________

5. Name (legal)__________________________________ Relation (to child)______________  Emergency Contact  __ Yes __ No
   Address ________________________________ Cell Phone _________________________
   City/State_____________________________ Home Phone _________________________
   Work Phone __________________________
CHILD INFORMATION – INFANTS/TODDLERS
(to be filled out for children 6 weeks to 3 years old)

Child's Name ___________________________________________ Date ______________

Name you would like us to call your child ____________________________

Age _______ Date of Birth ___________________________ _____ Male _____ Female

Name(s) by which parent(s) prefer to be called by the teachers ________________________________

Name(s) your child uses to refer to: Parent(s)/Guardian(s) ________________________________

Other significant people in child’s life? ________________________________________________

Any hobbies/special interests you might want to share with us? ________________________________

_________________________________________________________________________________

You are our most important resource! This form is used by your child's teachers to better understand and meet your child's individual needs. Because your child is continuously growing and changing we would appreciate your time in filling out this form completely. Please update teachers verbally if important information changes.

1. With whom does your child reside? (List everyone who lives with your child and their relationship to the child, and pets you might have.) ________________________________________________

2. Has your child had any previous school, play group, child care or baby sitter experience? Was this a positive experience? Is your child currently participating in any of the above? Please name and describe setting. ________________________________________________

3. Any scars or birthmarks that may be helpful for staff to know about? ________________________________________________

4. Current motor development:
   ___ turning over   ___ sitting   ___ crawling   ___ pulling-up   ___ walking   ___ climbing   ___ running

5. Describe concerns you may have regarding any areas of your child’s development:
   ________________________________________________
   ________________________________________________
   ________________________________________________

Please note that all children under one year of age must be put to sleep on their back unless we have a signed statement from the child’s doctor recommending that the child be put to sleep on their stomach. Please consider this when putting your child down to sleep at home.

Along with your child’s acceptance letter, you will get a more detailed form asking about your child’s eating and sleeping routines, as well as information regarding your child’s temperament and current development. This information will be invaluable to us in caring for your child and working with you. Because it is a licensing requirement, please get it back to us at least one week prior to your child starting. Thank you.

11/10/15 enroll\application\child info IT.doc
Application Processing Fee form
for New families only

(Continuing families with new children do not need to pay this fee in advance.)

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 (one per family)
  _____ UWM Student

- $40.00 Application Processing Fee (one per family)
  _____ 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.