
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)**

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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**

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3. **Parent/Guardian (legal name)**

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Contact information when child is in our care: (Please indicate ‘none’ or ‘not applicable’ if no secondary phone and/or employer.)

**Primary Phone** (_______) ____________________________

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**Secondary Phone** (_______) ____________________________

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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)**

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**Primary Phone** (_______) ____________________________

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**Secondary Phone** (_______) ____________________________

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Email address __________________________________________

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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)

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**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.

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**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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<td>12:30 to 6:00</td>
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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.

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**(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:
The Emergency Medical Care

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)___________________________  Relation (to child)___________________________  __ Yes __ No
   Address ________________________________  Cell Phone ________________________________
   City/State______________________________  Home Phone ______________________________
   Work Phone ______________________________

2. Name (legal)___________________________  Relation (to child)___________________________  __ Yes __ No
   Address ________________________________  Cell Phone ________________________________
   City/State______________________________  Home Phone ______________________________
   Work Phone ______________________________

3. Name (legal)___________________________  Relation (to child)___________________________  __ Yes __ No
   Address ________________________________  Cell Phone ________________________________
   City/State______________________________  Home Phone ______________________________
   Work Phone ______________________________

4. Name (legal)___________________________  Relation (to child)___________________________  __ Yes __ No
   Address ________________________________  Cell Phone ________________________________
   City/State______________________________  Home Phone ______________________________
   Work Phone ______________________________

5. Name (legal)___________________________  Relation (to child)___________________________  __ Yes __ No
   Address ________________________________  Cell Phone ________________________________
   City/State______________________________  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 starting.

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. Will you have a non-home child care arrangement for your child in addition to ours? Please describe.
   __________________________________________________________________________
4. 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?
   __________________________________________________________________________
5. Do you have any concerns regarding your child’s motor, language or social/emotional development?
   __________________________________________________________________________
6. 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)
7. What are some of your child's most recent favorite activities, interests and toys? 


9. 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? 

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

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

12. 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? 

13. 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)? 

14. What is his/her nighttime sleeping schedule? 

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

16. Parent occupation(s): 

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

Enroll/Application/child info ps.doc  1/19/18
Application Processing Fee form
for New families only

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

New families must pay the application processing fee before turning in their application.

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.