SUMMER 2019 APPLICATION INFORMATION

The Center will be closed Monday, May 27; Thursday, July 4; and Monday, August 19-Friday, August 23.
The first day of the Fall semester is Monday, August 26, 2019.

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. Students who are not registered for summer classes must be registered for the previous spring semester and the following fall semester OR must have been registered during the previous spring and fall semesters in order to be eligible for student rates during the summer.
- 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 child is eligible to attend our after-school program and our summer program.

APPLICATION PROCEDURE
Applications received before 6:00 PM on Friday, March 8, 2019, 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 April 15 to everyone who applied by March 8.

Application Processing Fee
For new applicants who are UWM students, there is a $30.00 application processing fee per family. For non-students, the processing fee is $40.00 per family. 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 at uw.edu/children. (See Forms.)
- Half-Days: Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30–6:00 p.m. for the Summer sessions you specify. 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 Programs:
- Full-Time Summer School-Age Plan. School-age children are scheduled 7:00 a.m. – 6:00 p.m. Monday through Friday from June 13, 2019– August 16, 2019.
- Weekly Summer School-Age Plan. School-age children are scheduled 7:00 a.m. – 6:00 p.m. Monday through Friday for the summer sessions you specify.
- Half-Days: Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30–6:00 p.m. for the summer sessions you specify. There is a minimum of 2 Half-Days per week over 2 days per week. (If requesting Thursdays -- field trip days -- you must take that full day and an additional half day.)

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
Summer 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)________________________________________________________________________
   Last        First        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 Summer 2019, or Spring 2019 and Fall 2019, or Fall 2018 and 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)________________________________________________________________________
   Last        First        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 Summer 2019, or Spring 2019 and Fall 2019, or Fall 2018 and 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 next page)
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: ___________________
Infant/Toddler/Preschool Programs

CHILD'S SCHEDULE REQUEST
Summer 2019

Child's Name __________________________________________________________

PLEASE INDICATE FOR WHICH OF THE FOLLOWING OPTIONS YOU ARE APPLYING:
(Acceptance into all plans is on a space-available basis.)

☐ Full-Time/Full-Year Plan

Full-Time/Full-Year slots are limited and may not be available beginning in summer.
A full-month deposit (refunded at the end of the plan year) is required. Please read the Full-Time/Full-Year Policies in the Family Handbook (can be viewed at uwm.edu/children/forms) before requesting this plan. This plan continues through August 16, 2019. I understand that, if accepted, my child will be scheduled 7:00 a.m. - 6:00 p.m. Monday - Friday. I understand that since this is a special plan, I cannot drop any of these hours 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.

☐ Half-Day Plan (Please complete schedule request on reverse side.)
I am applying for the summer semester (May 20 – August 16, 2019). If I would like my child to continue after August 16, I will need to reapply for the fall semester (August 26 – December 20, 2019). (We will be closed August 19-23, 2019.)

I, ____________________________________________________________, agree to pay the 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 in the Fee Structure, or at the rates as specified in any written notification that supersedes the Fee Structure. I have read and hereby agree to comply with the terms as stated in the Family Handbook dated 7/12/18 or later.

Signature __________________________________________ Date _____________________

NOTE: Signature must be that of the qualifying university parent/guardian.

(continued on next page)
Infant/Toddler/Preschool Programs Half-Day Plan

Please indicate (with an “X”) the half-days you wish to apply for. (Children may be scheduled for any number of sessions – full sessions only -- but they must be scheduled for a minimum of two half-days per week over 2 days per week in each session chosen.)

We will be closed Monday, May 27; Thursday, July 4; and Mon., August 19-Fri., August 23.

Early Week: Monday, May 20 – Friday, May 24, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON 5/20</th>
<th>TUES 5/21</th>
<th>WED 5/22</th>
<th>THUR 5/23</th>
<th>FRI 5/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Session A: Tuesday, May 28 – Friday, June 7, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THU FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

Session B: Monday, June 10– Friday, June 21, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THU FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

Session C: Monday, June 24– Friday, July 5, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THU FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

Session D: Monday, July 8 – Friday, July 19, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THU FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

Session E: Monday, July 22 - Friday, Aug. 2, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THUR FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

Session F: Monday, Aug. 5– Friday, Aug. 16, 2019

<table>
<thead>
<tr>
<th></th>
<th>MON TUES WED THU FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>7:00 - 12.30</td>
</tr>
<tr>
<td>12:30</td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
</tr>
</tbody>
</table>

The first day of the Fall semester is Monday, August 26, 2019.
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 ___________________________________________________________ Street City St 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.

1. Name (legal)__________________________________  Relation (to child)_________________________  Emergency Contact __ Yes __ No

    Address __________________________________________  Cell Phone _____________________________

    City/State________________________________________  Home Phone _____________________________

    ______________________ Street

2. Name (legal)__________________________________  Relation (to child)_________________________  Emergency Contact __ Yes __ No

    Address __________________________________________  Cell Phone _____________________________

    City/State________________________________________  Home Phone _____________________________

    ______________________ Street

3. Name (legal)__________________________________  Relation (to child)_________________________  Emergency Contact __ Yes __ No

    Address __________________________________________  Cell Phone _____________________________

    City/State________________________________________  Home Phone _____________________________

    ______________________ Street

4. Name (legal)__________________________________  Relation (to child)_________________________  Emergency Contact __ Yes __ No

    Address __________________________________________  Cell Phone _____________________________

    City/State________________________________________  Home Phone _____________________________

    ______________________ Street

5. Name (legal)__________________________________  Relation (to child)_________________________  Emergency Contact __ Yes __ No

    Address __________________________________________  Cell Phone _____________________________

    City/State________________________________________  Home Phone _____________________________

    ______________________ Street
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 next page)
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 bathroom 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?
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.