*(start date of Tuesday, September 3, is an option for Infant/Toddler/Preschool Half-Day plan)
The Center will be closed Monday, Sept. 2, 2019, for Labor Day; Thursday, Nov. 28 & Friday, Nov. 29, 2019, for Thanksgiving; and Monday, Dec. 23, 2019 – Wednesday, Jan. 1, 2020.
UWinteriM (Jan. 2-17, 2020) is not part of the Fall Semester and needs to be signed up for separately (at a later date).
The first day of the Spring 2020 Semester is Tuesday, January 21, 2020.

ENROLLMENT ELIGIBILITY:
- **UWM Student**: Student status is determined by enrollment in a degree-granting or certification program and at least 3 graded credits for fall semester for undergraduates and 2 graded credits for graduate programs, and payment of the 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 Assoc.
- **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, June 7, 2019, 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 July 8 to everyone who applied.

**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-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 runs from 7:00 AM-6:00 PM Monday-Friday from August 26, 2019, through August 14, 2020. A full-month deposit is required upon acceptance.
- **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 Fall 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 Programs:**
- **Full-Time Kindergarten**: This plan runs from 7:00 AM – 6:00 PM Monday-Friday from Monday, August 26, 2019 – Friday, May 22, 2020 (Kindergarten Academic Year) or Monday, August 26, 2019 – Friday, August 14, 2020 (Kindergarten Full-Year).
- **Part-Time/Full-Year (MPS/Shorewood)**: This plan runs from 11:00 AM - 6:00 PM, 2:30-6:00 PM or 3:30-6:00 PM Monday-Friday during the 2019-20 school year and 7:00 AM – 6:00 PM for all published MPS/Shorewood school closing days and Monday-Friday during Summer 2020.
- **After School**: We offer four different after-school blocks for the Fall 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.
APPLICATION
Fall 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 that is the case.)
   Primary Phone (__________)___________________________________    ☐ cell ☐ home ☐ work
   Secondary Phone (__________)___________________________________    ☐ cell ☐ home ☐ work
   Email address ___________________________________________________________________________________
   Employer Name ______________________________ Employer Address ____________________________________
   Social Security #______________________________________ (Required for application processing and collection purposes.)
   Check all that apply:
   _____ UWM Student enrolled for Fall 2019
   Student ID __________________________________________
   To be considered for add’l discounts: 2019-20 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 that is the case.)
   Primary Phone (__________)___________________________________    ☐ cell ☐ home ☐ work
   Secondary Phone (__________)___________________________________    ☐ cell ☐ home ☐ work
   Email address _________________________________________
   Employer Name ______________________________ Employer Address ____________________________________
   Social Security #______________________________________ (Required for application processing and collection purposes.)
   Check all that apply:
   _____ UWM Student enrolled for Fall 2019
   Student ID __________________________________________
   To be considered for add’l discounts: 2019-20 FAFSA filed? ___Yes ___No      Military-connected? ___ Yes ___No
   _____ UWM Faculty       _____ UWM Staff       _____ UWM Alumni Assoc. member
(continued on reverse)

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? ____________________________________________________

License 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 4/24/19 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: ______________________________
PLEASE INDICATE WHICH OF THE FOLLOWING OPTION(S) 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 (Monday, August 26, 2019, through Friday, August 14, 2020)
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 my child would be scheduled 7:00 a.m.–6:00 p.m. Monday–Friday from August 26, 2019, through August 14, 2020, 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 4/24/19 or later. On bottom of this page, please insert your name and your signature.

____ Half-Day Plan (Monday, August 26*, 2019 – Friday, December 20, 2019)
I understand that my child would be scheduled for the half-days requested below and that I am applying for the Fall semester only. The Center will be closed from December 23, 2019 – January 1, 2020. I understand I will need to submit a UWinteriM 2020 Schedule Request to request care beyond January 1, 2020. (UWinteriM is from Thursday, January 2, 2020 – Friday, January 17, 2020 – form available early October.) On bottom of this page, please insert your name and your signature.

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.)

<table>
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<th>Monday</th>
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<th>Wednesday</th>
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<th>Friday</th>
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<td>7:00 to 12:30</td>
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<td>12:30 to 6:00</td>
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</table>

☐ *Please check here if you would like your child to start their Fall Semester on Tuesday, September 3, 2019 (the first day of UWM classes).

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 4/24/19 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 _____________________________________________________________ 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 ______________________________________
   City/State_____________________________________
   Cell Phone __________________________
   Home Phone __________________________
   Work Phone __________________________

2. Name (legal)__________________________________ Relation (to child)_________________________ Emergency Contact _ Yes _ No
   Address ______________________________________
   City/State_____________________________________
   Cell Phone __________________________
   Home Phone __________________________
   Work Phone __________________________

3. Name (legal)__________________________________ Relation (to child)_________________________ Emergency Contact _ Yes _ No
   Address ______________________________________
   City/State_____________________________________
   Cell Phone __________________________
   Home Phone __________________________
   Work Phone __________________________

4. Name (legal)__________________________________ Relation (to child)_________________________ Emergency Contact _ Yes _ No
   Address ______________________________________
   City/State_____________________________________
   Cell Phone __________________________
   Home Phone __________________________
   Work Phone __________________________

5. Name (legal)__________________________________ Relation (to child)_________________________ Emergency Contact _ Yes _ No
   Address ______________________________________
   City/State_____________________________________
   Cell Phone __________________________
   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.)*

New families must pay the application processing fee before their application will be processed.

Submit this page with 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.