
*(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 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.

The UWM Children's Learning Center is the proud recipient of student segregated fees through the UWM Student Association.
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 ___________________________________________________________________________________
   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 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 ___________________________________________________________________________________
   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 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)
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?  
    ____________________________________________________

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**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 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 OPTIONS YOU ARE APPLYING FOR:
(Acceptance into all plans is on a space-available basis.)

**UWM Full-Day Kindergarten Program:**

Child's Name ______________________________________________________ (please print first and last name)

Please check one below:

- **UWM Kindergarten ACADEMIC YEAR** (Monday, August 26, 2019 – Friday, May 22, 2020). (Does NOT include summer program; however, you may later decide to register for summer.) I understand that my child would be scheduled 7:00 a.m. - 6:00 p.m. Monday-Friday from 8/26/19-5/22/20. I understand that this is a contract plan as described in the Family Handbook dated 4/24/19 or later and that a full-month deposit is required upon acceptance. Please read ‘Kindergarten Policies’ in the Family Handbook (at uwm.edu/children; click on ‘Forms’). On bottom of page, please insert your name, signature & date.

- **UWM Kindergarten FULL-YEAR** (Monday, August 26, 2019 – Friday, August 14, 2020) (Includes summer program.) I understand that my child would be scheduled 7:00 a.m. - 6:00 p.m. Monday-Friday from 8/26/19-8/14/20. I understand that this is a contract plan as described in the Family Handbook dated 4/24/19 or later and that a full-month deposit is required upon acceptance. Please read ‘Kindergarten Policies’ in the Family Handbook (at uwm.edu/children; click on ‘Forms’). On bottom of page, please insert your name, signature & date.

**After-School Program:** (all SEMESTERLY options are on the next page)

Child's Name ______________________________________________________ (please print first and last name)

Grade __________________ School ____________________________

School District _________________________________________________

- **Part-Time/FULL-YEAR MPS/Shorewood School-Age Plan** (Monday, August 26, 2019 – Friday, August 14, 2020) I understand that my child would be scheduled, based on the school above, from 11:00 a.m. – 6:00 p.m., 2:30-6:00 p.m. or 3:30-6:00 p.m. Monday-Friday during the 2019-20 MPS/Shorewood school year, and 7:00 a.m. – 6:00 p.m. for Early Week of Fall (8/26/19-8/30/19) and published MPS/Shorewood School Closing Days, and 7:00 a.m. – 6:00 p.m. Monday-Friday during Summer 2020. I understand that this is a contract plan as described in the Family Handbook dated 4/24/19 or later. Please read ‘Part-Time/Full-Year MPS/Shorewood School-Age Plan Policies’ in the Family Handbook (at uwm.edu/children; click on ‘Forms’). On bottom of page, please insert your name, signature & date.

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.

(Additional after-school options are continued on the next page)
After-School Program (cont’d):

- **Early Week of Fall (Monday, August 26, 2019 – Friday, August 30, 2019)** (You may select this only if signing up for one of the following 3 options.) I understand my child would be scheduled for the times that I request during the Early Week of Fall (8/26/19–8/30/19). Please indicate below (with an ‘X’) the times you wish to apply for. Children must be registered for a minimum of 2 half-days. On bottom of page, please insert your name, signature & date.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>7:00 am.-12:30 p.m.</td>
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<td>12:30-6:00 p.m.</td>
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(The last day of the Fall 2019 semester is Friday, December 20, 2019; then the Center is CLOSED from Monday, December 23, 2019 – Wednesday, January 1, 2020.) If your child is accepted for any of the following options and you’d like them to continue after January 1, 2020, you’ll need to submit a UWinteriM 2019 Schedule Request (Thursday, January 2, 2020 – Friday, January 17, 2020). You’ll also be mailed a separate form for requesting additional time on individual MPS/Shorewood published school closing days during the Fall semester.

- **After School 11:00 a.m. – 6:00 p.m. OR 12:30-6:00 p.m.**
  I understand my child would 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 Fall semester (Tuesday, September 3, 2019 – Friday, December 20, 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 & date. On bottom of page, please insert your name, signature & date.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
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<th>Wednesday</th>
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<tr>
<td>11:00 am.-6:00 p.m.</td>
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<tr>
<td>12:30-6:00 p.m.</td>
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- **After-School 2:30-6:00 p.m.**
  I understand my child would be scheduled 2:30-6:00 p.m. for the days that I request during the Fall semester (Tuesday, September 3, 2019 – Friday, December 20, 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 & date.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>2:30-6:00 p.m.</td>
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</table>

- **After-School 3:30-6:00 p.m.**
  I understand my child would be scheduled 3:30-6:00 p.m. for the days that I request during the Fall semester (Tuesday, September 3, 2019 – Friday, December 20, 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 & date.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>3:30-6:00 p.m.</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 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 ______________________________________________________________________________________________

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 _______________________________________________________
( Parent/Guardian) Date ________________________________

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.

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>1. Name (legal)</th>
<th>Relation (to child)</th>
<th>2. Name (legal)</th>
<th>Relation (to child)</th>
<th>3. Name (legal)</th>
<th>Relation (to child)</th>
<th>4. Name (legal)</th>
<th>Relation (to child)</th>
<th>5. Name (legal)</th>
<th>Relation (to child)</th>
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<tr>
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<td>Address</td>
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<td>Yes</td>
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</table>

8/22/17 enrollment emergency contact info.doc
CHILD INFORMATION – KINDERGARTNERS AND SCHOOL-AGERS

Date _______________________________________
Child’s Name ________________________________ Age _____ _____ Male _____ Female
Name you would like us to call your child _____________________________
Name(s) by which parent(s) prefer to be called by the teachers _____________________________
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 ways to help your child adjust 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) ________________________________________________

2. Family pets: __________________________________________________________

3. Please describe any previous school, play group, child care or baby sitter experiences your child has had. __________________________________________________________

Were these positive experiences? ________________________________________________

If applicable, name of school your child attends for kindergarten or elementary and how they will be transported to and/or from the Center. __________________________________________________________

Will you have a non-home child care arrangement for your child in addition to ours? Please describe: __________________________________________________________

4. What do you hope your child will gain from their experiences at the Center? __________________

5. How does your child relate to other children? _____________________________

(cont’d on reverse)
6. How does your child relate to adults?

7. 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?

8. Do you have any concerns regarding your child's motor, language or social/emotional development?

9. What are your child’s best qualities?

10. What new skills/accomplishments is your child presently working on (e.g. writing his/her name, team sports, learning to read, riding a bicycle, etc.)?

11. What are some of your child's most recent favorite activities, interests and toys?

12. Does your child exhibit specific fears? (Please describe)

13. What are your usual methods of behavior guidance? Which method(s) does your child respond to best?

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

15. All children need a little time to rest during their day. In which ways does your child seek relaxation?

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

17. What is his/her nighttime sleeping schedule?

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

19. Parent occupation(s)

20. Is there anything else 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.)

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.