*(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 ___________________________________________________________________________________
   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)
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 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: ________________________________
Child’s Schedule – Fall 2019

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.

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**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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<tr>
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<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
<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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</tbody>
</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).

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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 ______________________________________________________________________________________________

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
   Address ______________________________________  Cell Phone _________________________  __ Yes __ No
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________
   City/State_____________________________________
   Relation (to child)____________________  Cell Phone _________________________  __ Yes __ No
   Address ______________________________________

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.)

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.