
The Center will be closed Monday, Jan. 20, for Martin Luther King, Jr. Day.
The first day of the Summer 2020 Semester is Monday, May 18, 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 spring 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, November 15, 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 December 16 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 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 Spring 2020 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:

- After School: We offer four different after-school blocks for the Spring 2020 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
Spring 2020

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 ______________________________

Last First
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 Spring 2020

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: ______________________________
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 (Tuesday, January 21, 2020 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 January 21, 2020, 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 (Tuesday, January 21, 2020 – Friday, May 15, 2020)
I understand that my child would be scheduled for the half-days requested below and that I am applying for the Spring semester only. If I would like my child to continue after May 15, I will need to reapply for all or part of the Summer semester (Monday, May 18, 2020 – Friday, August 14, 2020). 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.)

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<th>Monday</th>
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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 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.
Child’s Schedule – Spring 2020
Kindergarten & After-School Programs

Child’s Name ___________________________________________ (please print first and last name) Grade _______________
School ___________________________________________ School District _______________

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

☐ After-School Program

If your child is accepted for either of the following two options and you’d like them to continue after May 15, 2020, you’ll need to apply for all or part of the Summer semester (Monday, May 18, 2020 – Friday, August 14, 2020). You’ll also be mailed a separate form for requesting additional time on individual MPS/Shorewood published school closing days.

Please check all that apply.

☐ After School 11:00 a.m. – 6:00 p.m. OR 12:30-6:00 p.m. – Children must be 3K or 4K.

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 21, 2020 – Friday, May 15, 2020). 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.

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<th>Monday</th>
<th>Tuesday</th>
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<td>11:00 am.-6:00 p.m.</td>
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<td>12:30-6:00 p.m.</td>
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☐ After-School 2:30-6:00 p.m. OR 3:30-6:00

I am applying for my child to be scheduled 2:30 - 6:00 p.m. or 3:30-6:00 p.m. for the days that I request during the Spring semester (Tuesday, January 21, 2020 – Friday, May 15, 2020). 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.

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<th>Monday</th>
<th>Tuesday</th>
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<td>2:30-6:00 p.m.</td>
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<tr>
<td>3:30-6:00 p.m.</td>
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☐ UWM Kindergarten – Children must be 4 years old by 9/1/2019 to qualify

I understand that my child would be scheduled 7:00 a.m. - 6:00 p.m. Monday-Friday through the date indicated in the plan selected below. 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’).

Please check one:

☐ ACADEMIC YEAR (through Friday, May 22, 2020). Does NOT include summer program; however, you may later decide to register for summer.

☐ FULL-YEAR (through Friday, August 14, 2020). Includes summer program.

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 _______________________________________________________________ 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.

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>1. Name (legal)</th>
<th>Relation (to child)</th>
<th>Yes</th>
<th>No</th>
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<td></td>
<td>Address</td>
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<th>2. Name (legal)</th>
<th>Relation (to child)</th>
<th>Yes</th>
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<td>Address</td>
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<th>3. Name (legal)</th>
<th>Relation (to child)</th>
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<th>4. Name (legal)</th>
<th>Relation (to child)</th>
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<th>5. Name (legal)</th>
<th>Relation (to child)</th>
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8/22/17 enroll\application\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.