SUMMER 2020 APPLICATION INFORMATION


The Center will be closed Monday, May 25, and Monday, August 17-Friday, August 21, 2020.

The first day of the Fall semester is Monday, August 24, 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. 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 6, 2020, 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 13 to everyone who applied by March 6.

**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 14, 2020. A full-month deposit is required upon acceptance. See Full-Time/ Full-Year policies in the Family Handbook at uwm.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 12, 2020- August 14, 2020.

- **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.

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The UWM Children’s Learning Center is the proud recipient of student segregated fees through the UWM Student Association.
APPLICATION
Summer 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 Summer 2020, or Spring 2020 and Fall 2020, or Fall 2019 and 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

4. 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 Summer 2020, or Spring 2020 and Fall 2020, or Fall 2019 and 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: ________________________________
CHILD'S SCHEDULE REQUEST - School-Age Program  
Summer 2020

Child's Name__________________________________________

Please Note: UWM’s Summer Semester begins before public schools are out for the summer.  
After-School programming is available May 18 - June 11, 2020.  
The UWM River Room Kindergarten Academic Year ends May 22, 2020.


Please check all that apply:

☐ After-School Program (May 18 - June 11, 2020)  
Please indicate with an "X" on the grids below the days you are requesting.

<table>
<thead>
<tr>
<th>Early Week (Mon, May 18-Fri, May 22, 2020)</th>
<th>Session A: Week 1 (Tue, May 26-Fri, May 29, 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Tue</td>
</tr>
<tr>
<td>7:00-12:30</td>
<td>11:00-6:00</td>
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<tr>
<td>11:00-6:00</td>
<td>closed</td>
</tr>
<tr>
<td>12:30-6:00</td>
<td>closed</td>
</tr>
<tr>
<td>2:30-6:00</td>
<td>closed</td>
</tr>
<tr>
<td>3:30-6:00</td>
<td>closed</td>
</tr>
</tbody>
</table>

Session A: Week 2 (Mon, June 1-Fri, June 5, 2020)

| Mon | Tue | Wed | Thur | Fri |
| 6/1 | 6/2 | 6/3 | 6/4 | 6/5 |
| 7:00-12:30 | 11:00-6:00 | 12:30-6:00 | 2:30-6:00 | 3:30-6:00 |

Session A: Week 2 (Mon, June 1-Fri, June 5, 2020)

| Mon | Tue | Wed | Thur | Fri |
| 6/8 | 6/9 | 6/10 | 6/11 |
| 11:00-6:00 | 12:30-6:00 | 2:30-6:00 | 3:30-6:00 |

☐ School-Age Full-Time Weekly Summer Plan  
I understand that, if accepted, my child will be scheduled from 7:00 a.m. - 6:00 p.m. Monday through Friday, and that I will be charged the ‘School-Age Summer Full-Time Weekly’ rate that applies to the number of weeks selected.  
(See 2020-21 Fee Structure for School-Age Summer rates.)

Please indicate with an "X" in the boxes below, the sessions you wish to apply for.

☐ Session A1: May 26-29, 2020 (UWM Full-Day Kindergarten children only)  
☐ Session A2: June 1-5, 2020 (UWM Full-Day Kindergarten children only)  
☐ Session B1: June 8-11, 2020 (UWM Full-Day Kindergarten children only)  
☐ Session B2: June 15-19, 2020  
☐ Session C1: June 22-26, 2020  
☐ Session C2: June 29 - July 3, 2020  
☐ Session D1: July 6-10, 2020  
☐ Session D2: July 13-17, 2020  
☐ Session E1: July 20-24, 2020  
☐ Session E2: July 27-31, 2020  
☐ Session F1: August 3-7, 2020  
☐ Session F2: August 10-14, 2020  

☐ Please check if you’d like your child to start Friday, June 12.

PLEASE SEE REVERSE FOR FURTHER OPTIONS AND REQUIRED SIGNATURE
Half-Day Plan - Children may be scheduled for any number of weeks, but must be scheduled for a minimum of two half-days per week over two days per week.

Please indicate with an “X” in the boxes below, the half-days you wish to apply for.

Thursdays are field trip days for children K4 and older - If requesting 'shaded' Thursdays, you will be scheduled a full day.

The Center will be closed Monday, August 17 - Friday, August 21, 2020.

Early Week of Fall (Mon, Aug. 24- Tue, Sept. 1) is only available for school-age families who continue at the Center for the Fall 2020 semester.

I, ________________________________, agree to pay the UWM Children's Learning Center for all scheduled time requested, extra time and penalty charges, as outlined in the Family Handbook dated 4/24/19 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 4/24/19 or later.

Signature ________________________________ Date __________________________

Note: Signature must be that of the qualifying university parent
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 ______________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
</table>

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 __ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address _____________________________________</td>
<td>Cell Phone _____________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City/State___________________________________</td>
<td>Home Phone _______________________________</td>
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<td>Work Phone ________________________________</td>
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<tr>
<th>2. Name (legal)______________________________</th>
<th>Relation (to child)_________________________</th>
<th>__ Yes __ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address _____________________________________</td>
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<tr>
<td></td>
<td>Work Phone ________________________________</td>
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<tr>
<th>3. Name (legal)______________________________</th>
<th>Relation (to child)_________________________</th>
<th>__ Yes __ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address _____________________________________</td>
<td>Cell Phone _____________________________</td>
<td></td>
</tr>
<tr>
<td>City/State___________________________________</td>
<td>Home Phone _______________________________</td>
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<td></td>
<td>Work Phone ________________________________</td>
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<tr>
<th>4. Name (legal)______________________________</th>
<th>Relation (to child)_________________________</th>
<th>__ Yes __ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address _____________________________________</td>
<td>Cell Phone _____________________________</td>
<td></td>
</tr>
<tr>
<td>City/State___________________________________</td>
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<td></td>
<td>Work Phone ________________________________</td>
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<tr>
<th>5. Name (legal)______________________________</th>
<th>Relation (to child)_________________________</th>
<th>__ Yes __ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address _____________________________________</td>
<td>Cell Phone _____________________________</td>
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<tr>
<td>City/State___________________________________</td>
<td>Home Phone _______________________________</td>
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<tr>
<td></td>
<td>Work Phone ________________________________</td>
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</tr>
</tbody>
</table>
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? Do you have any particular behavior concerns you would like us to be aware of? 

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.)

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.