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.

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_________________

   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_________________

   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 or 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: ________________________________
Infant/Toddler/Preschool Programs

CHILD'S SCHEDULE REQUEST
Summer 2020

Child's Name ___________________________

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

☐ Full-Time/Full-Year Plan

Full-Time/Full-Year slots are limited, and are only available beginning in summer for those intending to remain Full-Time/Full-Year for the 2020-21 year.
A full-month deposit (refunded at the end of the plan year) is required. Please read the Full-Time/Full-Year Policies in the Family Handbook (can be viewed at uwm.edu/children/forms) before requesting this plan. This plan continues through August 14, 2020. I understand that, if accepted, my child will be scheduled 7:00 a.m. - 6:00 p.m. Monday - Friday. I understand that since this is a special plan, I cannot drop any of these hours 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.

☐ Half-Day Plan (Please complete schedule request on reverse side.)

I am applying for the summer semester (May 18 – August 14, 2020). If I would like my child to continue after August 14, I will need to reapply for the fall semester (August 24 – December 23, 2020). (We will be closed August 17-21, 2020.)

I, __________________________, agree to pay the 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 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/guardian.

(continued on reverse)
Infant/Toddler/Preschool Programs Half-Day Plan

Please indicate (with an ‘X’) the half-days you wish to apply for. (Children may be scheduled for any number of sessions – full sessions only -- but they must be scheduled for a minimum of two half-days per week over 2 days per week in each session chosen.)

Early Week: Monday, May 18 – Friday, May 22, 2020

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<th>MON 5/18</th>
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<th>WED 5/20</th>
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We will be closed Monday, May 25.

Session A: Tuesday, May 26 – Friday, June 5, 2020

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Session B: Monday, June 8 – Friday, June 19, 2020

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Session C: Monday, June 22 – Friday, July 3, 2020

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Session D: Monday, July 6 – Friday, July 17, 2020

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<th>MON 7/6</th>
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<th>THUR 7/9</th>
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Session E: Monday, July 20 - Friday, July 31, 2020

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<th>MON 7/20</th>
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Session F: Monday, Aug. 3 – Friday, Aug. 14, 2020

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<th>MON 8/3</th>
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<th>WED 8/5</th>
<th>THUR 8/6</th>
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We will be closed Monday, August 17 – Friday, August 21, 2020.

The first day of the Fall semester is Monday, August 24, 2020.
# 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 __________________________________________________**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**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.**

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<tr>
<th>Emergency Contact</th>
<th>1. Name (legal) _______________ Relation (to child) _______________</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Address ___________________________</td>
<td>Cell Phone ___________________________</td>
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<td>City/State_________________________</td>
<td>Home Phone ___________________________</td>
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<td>Work Phone ___________________________</td>
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| 2. Name (legal) _______________ Relation (to child) _______________ | Yes | No |
| Address ___________________________ | Cell Phone ___________________________ |     |     |
| City/State_________________________ | Home Phone ___________________________ |     |     |
|                                 | Work Phone ___________________________ |     |     |

| 3. Name (legal) _______________ Relation (to child) _______________ | Yes | No |
| Address ___________________________ | Cell Phone ___________________________ |     |     |
| City/State_________________________ | Home Phone ___________________________ |     |     |
|                                 | Work Phone ___________________________ |     |     |

| 4. Name (legal) _______________ Relation (to child) _______________ | Yes | No |
| Address ___________________________ | Cell Phone ___________________________ |     |     |
| City/State_________________________ | Home Phone ___________________________ |     |     |
|                                 | Work Phone ___________________________ |     |     |

| 5. Name (legal) _______________ Relation (to child) _______________ | Yes | No |
| Address ___________________________ | Cell Phone ___________________________ |     |     |
| City/State_________________________ | 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.