2022-23 KINDERGARTEN APPLICATION INFORMATION

Fall 2022 Semester Dates: Monday, August 29, 2022 - Friday, December 23, 2022
UWinteriM 2023 Dates: Tuesday, January 3 - Friday, January 20, 2023
Spring 2023 Semester Dates: Monday, January 23 – Friday, May 19, 2023
Summer 2023 Semester Dates: Monday, May 22 – Friday, August 18, 2023

The Kindergarten plan runs from 7:00 AM – 6:00 PM Monday-Friday from:
- Monday, August 29, 2022 – Friday, May 19, 2023 (Kindergarten Academic Year – includes Fall 2022 Semester, UWinteriM 2023 and Spring 2023 Semester)
- or
- Monday, August 29, 2022 – Friday, August 18, 2024 (Kindergarten Full-Year - includes Fall 2022 Semester, UWinteriM 2023, Spring 2023 Semester and Summer 2023 Semester)

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 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.

Please refer to our COVID-19 Dashboard (on our website: uwm.edu/children) before submitting application. Due to the evolving nature of the COVID-19 pandemic, the Children’s Learning Center COVID-19 dashboard will be periodically updated based on new information from the Centers for Disease Control, Wisconsin Department of Children and Families, Milwaukee Health Department, and Campus leadership. Any major policy updates will be communicated to parents in writing.

APPLICATION PROCEDURE
Applications (consisting of ‘Application,’ ‘New Child Schedule Request’ and ‘Emergency Contact Information’ received at the Children’s Learning Center before 6:00 PM on Friday, February 25, 2022, will be processed within university status and seniority. Subsequent applications will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be sent on March 21 to everyone who applied by February 25.

**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 UWM Bursar’s Office located in Mitchell Hall, Room 285, on the corner of Kenwood and Downer. The Bursar’s Office may have limited hours during the pandemic so check website for hours (www.uwm.edu/onestop) or mail a check for the Application Processing Fee form (last page of this application) to UWM Cashiers Office, P.O. Box 500, Milwaukee, WI 53201-0500. Applications will not be processed without payment of processing fee.

The UWM Children’s Learning Center is the proud recipient of student segregated fees through the UWM Student Association.
APPLICATION
Fall 2022

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. Parent/Guardian (legal name) ________________________ Relationship _______________________
   Home Address ___________________________ (street)
   ___________________________ (city, state, zip code)
   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. This address will also be needed to register for the Parent Portal on our website.

   Employer Name ______________________________ Employer Address _________________________________

   Social Security # ___________________________ (Required for application processing and collection purposes.)

Check all that apply:
____ UWM Student enrolled for Fall 2022
   Student ID ________________________________
   To be considered for add’l discounts: 2022-23 FAFSA filed?  ___Yes  ___No  Military-connected?  ___Yes  ___No
   ____ UWM Faculty  ____ UWM Staff
   ____ UWM Alumni Assoc. member (____ Associate Member OR ____ UWM Graduate in ___________ {year})

3. Parent/Guardian (legal name) ________________________ Relationship _______________________
   Home Address ___________________________ (street)
   ___________________________ (city, state, zip code)
   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. This address will also be needed to register for the Parent Portal on our website.

   Employer Name ______________________________ Employer Address _________________________________

   Social Security # ___________________________ (Required for application processing and collection purposes.)

Check all that apply:
____ UWM Student enrolled for Fall 2022
   Student ID ________________________________
   To be considered for add’l discounts: 2022-23 FAFSA filed?  ___Yes  ___No  Military-connected?  ___Yes  ___No
   ____ UWM Faculty  ____ UWM Staff
   ____ UWM Alumni Assoc. member (____ Associate Member OR ____ UWM Graduate in ___________ {year})

4. Child resides with:  ☐ both parents/guardians  ☐ #2 above  ☐ #3 above  ☐ other ________________________________
5. Marital Status (check one):  
   _____ 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 would be interested in welcoming and translating for a non-English speaking family at 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 2/22/2021 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 either plan is on a space-available basis.)

Children must be 4 years old on or before September 1, 2022, to be eligible for the 2022-2023 kindergarten program.

**Kindergarten Program:**

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

Please check one below:

- I wish to enroll my child in the UWM Children’s Learning Center **Kindergarten Academic Year** (does NOT include summer program) Monday-Friday, 7:00 a.m. - 6:00 p.m., 8/29/22-5/19/23. (You may later decide to register for summer.)
  - On bottom of page, please insert your name, signature & date.
  - A half-month deposit is required upon acceptance, and the other half-month on August 1, 2022. Deposits are refunded at the end of the plan year. Cancellation after June 1, 2022, results in forfeiture of the deposit.

- I wish to enroll my child in the UWM Children’s Learning Center **Kindergarten Full-Year** (includes summer program) Monday-Friday, 7:00 a.m. - 6:00 p.m., 8/29/22-8/18/23.
  - On bottom of page, please insert your name, signature & date.
  - A half-month deposit is required upon acceptance, and the other half-month on August 1, 2022. Deposits are refunded at the end of the plan year. Cancellation after June 1, 2022, results in forfeiture of the deposit.

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 2/22/21 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.
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 State 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.

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<th>Emergency Contact</th>
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<th>Relation (to child)</th>
<th>Cell Phone</th>
<th>Home Phone</th>
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8/22/17 enroll/application/emergency contact info.doc
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 (see below) at the Bursar’s Office before your application is submitted to us. The Bursar’s Office is located in Mitchell Hall, Room 285, on the corner of Kenwood and Downer. The Bursar’s Office may have limited hours during the pandemic so check website for hours (www.uwm.edu/onestop) or mail a check for the Application Processing Fee along with this completed form to UWM Cashiers Office, P.O. Box 500, Milwaukee, WI 53201-0500.

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

Bursar’s Office: Please forward this form with receipt to the Children’s Learning Center Enrollment Manager.