

SUMMER 2024 APPLICATION INFORMATION

SUMMER SEMESTER DATES: Tuesday, May 28, 2024 – Friday, August 16, 2024.

The Center will be closed Monday, May 27 (the day before the Summer semester begins);

Thursday, July 4 (Independence Day) and

Monday, July 15-Friday, July 19 (week of the Republican National Convention being held in Milwaukee).

After the Summer Semester ends, the Center will be closed Monday, August 19-Friday, August 23.

The first day of the Fall semester is Monday, August 26, 2024.

ENROLLMENT PRIORITY STATUS:

1. **UWM Student:** Student status is determined by enrollment in a degree-granting or certification program and at least 3 graded credits for summer 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.
2. **UWM Faculty/Staff:** UWM Faculty/Staff status is determined by at least one parent being on the University payroll.
3. **UWM Alumni:** Alumni status is determined by at least one parent being a graduate of UWM.
4. **Community Member:** For families with none of the above affiliations to UWM.

APPLICATION PROCEDURE:

Applications (consisting of 'Application,' 'New Child Schedule Request,' 'Emergency Contact Information' and 'Application Processing Fee Form' – *with receipt of payment attached [see below]*) received at the Children's Learning Center before 6:00 PM on **Monday, March 11, 2024**, will be processed by enrollment priority status. Subsequent applications will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be emailed on April 15 to everyone who applied by March 11.

Application Processing Fee:

For waitlist families (for the current semester), there is no need to pay another processing fee; your prior processing fee will cover this application too.

For continuing families (those enrolled in the current semester), the \$10 application processing fee is added to your monthly bill. You do not need to go to the Office of Student Accounts.

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 Office of Student Accounts located in Mellencamp Hall, Room 110, just east of the Union; check the Office of Student Accounts website for hours (www.uwm.edu/onestop). The Office of Student Accounts will only accept **cash or check** for the application processing fee – no credit/debit cards. (See last page of this application –Application Processing Fee Form.) **Applications will not be processed without payment of processing fee.**

(cont'd)

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 is typically entered into at the beginning of each fall semester. (Slots may be available during the year.) If available, this plan runs from 7:00 AM-6:00 PM Monday through Friday through August 16, 2024, and is available only to those families planning to remain full time for the 2024-2025 academic year. A full-month deposit (credited at the end of the plan year) 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 2-week* Summer sessions you specify. These Half-Days may be scheduled in any pattern. You may schedule both the AM Half-Day and the PM Half-Day to make a full day. There is a minimum requirement of two Half-Days per week. If only two Half-Days are requested, they must be on two different days of the week.

*(*Summer Session D has only one week – the Center will be closed the week of July 15-19, 2024.)*

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 \$15.00 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.

2/22/24



APPLICATION

Summer 2024

Qualifying Parent Status:

☐ UWM Student ☐ UWM Faculty ☐ UWM Staff ☐ UWM Alumni ☐ Community Member

(Please print legibly)

1. Child (legal name) _____
Birthdate _____ *Last* _____ *First* _____ *Middle* _____
Age at Time of Application _____ Gender: ☐ M ☐ F ☐ Other
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 _____ *Last* _____ *First* _____ (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 (the FoCuS) will be sent to this email address. This address will also be needed to register for the Procure Parent Portal on our website (uwm.edu/children).

Employer Name _____ Employer Address _____

Social Security # _____ (required for application processing and collection purposes)

Check all that apply:

☐ UWM Student enrolled for Summer 2024 Student ID _____

To be considered for additional discounts: 2023-24 FAFSA filed? ☐ Yes ☐ No Military-connected? ☐ Yes ☐ No

☐ UWM Faculty ☐ UWM Staff ☐ UWM Alumni (graduated in _____ {year}) ☐ Community Member

3. Parent/Guardian (legal name) _____ Relationship _____
Home Address _____ *Last* _____ *First* _____ (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 (the FoCuS) will be sent to this email address. This address will also be needed to register for the Procure 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 Summer 2024 Student ID _____

To be considered for additional discounts: 2023-24 FAFSA filed? ☐ Yes ☐ No Military-connected? ☐ Yes ☐ No

☐ UWM Faculty ☐ UWM Staff ☐ UWM Alumni (graduated in _____ {year}) ☐ Community Member

4. Child resides with: ☐ both parents/guardians ☐ #2 only (above) ☐ #3 only (above)
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:

- ☐ IEP ☐ disabilities such as physical, sensory, or cognitive
☐ heart problems ☐ asthma ☐ seizures ☐ premature birth ☐ diabetes
☐ 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: _____

☐ My child has no specific medical conditions.

9. Does your child have any social, emotional or physical developmental needs that we should be aware of?

☐ Yes ☐ No If "Yes," please describe: _____

10. Does your child have any allergies such as to bee stings, food, or medications? ☐ Yes ☐ No

If "Yes," please describe: _____

11. How did you find out about us? _____

Please check all boxes and sign below.

- ☐ I hereby agree to comply with the terms as stated in the Family Handbook dated 2/22/24 or later.
- ☐ I give permission 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 give permission for my child to be taken on walks on the perimeter of and within the UWM campus during their regularly scheduled time or requested extra time.
- ☐ I give permission for classroom teachers to take photographs of my children for documentation purposes or to record a special activity. These photos may be of individual children or groups of children and may be displayed in the classroom, Center hallways or the lobby. Photos or videotapes of children are also taken for staff training purposes and/or for UWM classes on child development, early childhood education or child care.
- ☐ I have read COVID-19 Guidelines on UWM Children's Learning Center website (uwm.edu/children).

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: _____

NOTE: Signature must be that of the qualifying university parent/guardian (if UWM affiliated).

Infant/Toddler/Preschool Programs **NEW CHILD SCHEDULE REQUEST** Summer 2024

Child's Name _____

PLEASE INDICATE WHICH OF THE FOLLOWING OPTIONS YOU ARE APPLYING FOR:
(Acceptance into all plans is on a space-available basis.). 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 \$15.00 charge for each schedule change form processed.

*The Center will be closed Monday, May 27 (the day before the Summer semester begins);
Thursday, July 4 (Independence Day)
and Monday, July 15-Friday, July 19 (week of the Republican National Convention being held in Milwaukee).
After the Summer semester ends, the Center will be closed Monday, August 19– Friday,
August 23. The first day of the Fall semester is Monday, August 26, 2024.*

☐ **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 2024-25 year.

A full-month deposit (credited 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 16, 2024. 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 1/24/24 or later.

☐ **Half-Day Plan** (Please complete schedule request on next page.)

I am applying for the Summer semester (May 28 – August 16, 2024). If I would like my child to continue after August 16, I will need to reapply for the Fall semester (August 26 – December 20, 2024).

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 2/22/24 or later, and at the rate specified in the Fee Structure dated 1/23/24, or at the rates as specified in any written notification that supersedes that Fee Structure. I have read and hereby agree to comply with the terms as stated in the Family Handbook dated 2/22/24 or later.

Signature _____ Date _____

NOTE: Signature must be that of the qualifying university parent/guardian (if UWM affiliated).
(continued)

Infant/Toddler/Preschool Programs Half-Day Plan

Children may be scheduled for any number of sessions – full 2-week* sessions only. (*Summer Session D has only one week – the Center will be closed the week of July 15-19, 2024.)

Please indicate (with an ‘X’) the half-days you wish to apply for. You may schedule both the AM Half-Day and the PM Half-Day to make a full day. There is a minimum requirement of two Half-Days per week. If only two Half-Days are requested, they must be on two different days of the week.

Session A: Tuesday, May 28 - Friday, June 7, 2024

	MON	TUES	WED	THU	FRI
7:00 - 12.30					
12:30 - 6:00					

Session B: Monday, June 10 - Friday, June 21, 2024

	MON	TUES	WED	THU	FRI
7:00 - 12.30					
12:30 - 6:00					

Session C: Monday, June 24 - Friday, July 5, 2024

	MON	TUES	WED	THU	FRI
7:00 - 12.30					
12:30 - 6:00					

Session D: Monday, July 8 - Friday, July 12, 2024

	MON	TUES	WED	THU	FRI
7:00 - 12.30					
12:30 - 6:00					
Please note: this is a ONE-week session only. The Center will be closed Mon, July 15-Fri, July 19.					

Session E: Monday, July 22 - Friday, August 2, 2024

	MON	TUES	WED	THUR	FRI
7:00 - 12.30					
12:30 - 6:00					

Session F: Monday, Aug. 5- Friday, Aug. 16, 2024

	MON	TUES	WED	THU	FRI
7:00 - 12.30					
12:30 - 6:00					

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.

Emergency Contact

1. Name (legal) _____

Relation (to child) _____

☐ Yes ☐ No

Address _____

Cell Phone _____

City/State _____

Home Phone _____

Work Phone _____

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 _____

Application Processing Fee form *for NEW-to-the-Center families only*

For waitlist families (for the current semester), there is no need to pay another processing fee; your prior processing fee will cover this application too.

For continuing families (those enrolled in the current semester), the \$10 application processing fee is added to your monthly bill. You do not need to go to the Office of Student Accounts.



**All NEW families must pay the application processing fee
before submitting their application to us.**

You must go to the Office of Student Accounts and pay the application processing fee before your application will be processed. **The Office of Student Accounts will only accept cash or check for the application processing fee – no credit/debit cards. You must state the fee is for the ‘Children’s Learning Center’ so the funds get credited to your child care account.** The Office of Student Accounts is located in Mellencamp Hall, Room 110 (just east of the Union). Their hours are on their website (uwm.edu/onestop). Staple your receipt for the application processing fee to this form, and submit your entire application with this form to the Children’s Learning Center.

Child’s Name: _____

Parent’s/Guardian’s Name: _____

- \$30.00 Application Processing Fee (one per family)

☐ UWM Student

- \$40.00 Application Processing Fee (one per family)

☐ UWM Faculty ☐ UWM Staff ☐ UWM Alumni ☐ Community member

OFFICE OF STUDENT ACCOUNTS: *If parent neglects to take this form with them, please forward this form (with receipt) to the Children’s Learning Center Enrollment Manager.*