

SPRING 2026 APPLICATION INFORMATION **(for new families)**

SPRING SEMESTER DATES: Monday, Jan. 26, 2026 – Friday, May 22, 2026

During the Spring semester, the Center will be closed Friday, March 27 (March Break).

The Center will be closed following the Spring semester from Monday, May 25 (Memorial Day) through Friday, May 29 for the campus steam shutdown. The Center reopens for the Summer semester on Monday, June 1, 2026

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 spring semester for undergraduates and 2 graded credits for graduate programs, and payment of the segregated fees.
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, November 10, 2025**, will be processed by university status and seniority. Subsequent applications will be processed on a first-come/first-served basis. **Completed applications (with receipt of processing fee) may be handed in at the reception desk of the Children's Learning Center at 2025 E. Newport Avenue in NWQC room 1606, emailed to childrecords@uwm.edu, faxed to (414) 229-2437, or mailed to UWM Children's Learning Center, Attn: Enrollment Manager, P.O. Box 413, Milwaukee, WI 53201.** Acceptance letters and wait list letters will be emailed on Friday, December 12 to everyone who applied by November 10.

Application Processing Fee:

For continuing families (those enrolled the current semester), the \$10 application processing fee (per child) is added to your monthly bill; you don't need to go to the Office of Student Accounts. For new applicants who are UWM students, there is a \$30.00 application processing fee (per child). For non-students, the processing fee is \$50.00 (per child). **Please staple your receipt to the Application Processing Fee form and write your child's first/last name and your first/last name on the receipt.** 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. You may also mail a check for the Application Processing Fee along with the Application Processing Fee form (last page of this application) to UWM Office of Student Accounts, P.O. Box 500, Milwaukee, WI 53201-0500. Applications will not be processed without payment of processing fee.

(see next page)

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 Plan:** 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 starting from Monday, January 26 – Friday, August 14, 2026. A full-month deposit (credited at the end of the plan year) is required upon acceptance. See Full-Time/Full-Year Plan policies in the Family Handbook at uwm.edu/children (see Forms).
- **Half-Day Plan*:** Half-Days are from 7:00 a.m. - 12:30 p.m. and/or 12:30–6:00 p.m. for the Spring 2026 semester (January 26 – May 22, 2026). 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.

Kindergarten/School-Age Programs:

- **After School 3K-4K*:** We offer two different after-school blocks for the Spring 2026 semester (January 26 – May 22, 2026): 11:00 a.m. - 6:00 p.m. and 12:30-6:00 p.m. There is a minimum requirement of two after-school blocks per week.
- **After School 5K & older*:** We offer two different after-school blocks for the Spring 2026 semester (January 26 – May 22, 2026): 2:30-6:00 p.m. and 3:30-6:00 p.m. There is a minimum requirement of two after-school blocks per week.
- **Full-Time Kindergarten Plan:** This plan runs from 7:00 a.m. – 6:00 p.m. Monday-Friday from January 26 – May 22, 2026 (Kindergarten Academic Year) or January 22– August 14, 2026 (Kindergarten Full-Year).

***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, regardless of if the request is approved or denied.

The UWM Children's Learning Center is the proud recipient of student segregated fees through the UWM Student Association.

10/8/24



APPLICATION

Spring 2026

Qualifying Parent Status:

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

1. Child (legal name) _____
Last First Middle

Birthdate _____ 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 _____
Last First

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 (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 Spring 2026 *Student ID* _____

To be considered for additional discounts: 2025-26 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 _____
Last First

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 (the Focus) will be sent to this email address. This address will also be needed to register for the ProCare 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 Spring 2026 *Student ID* _____

To be considered for additional discounts: 2025-26 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 nonEnglish 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.
☐ Does your child have any social, emotional or physical developmental needs that we should be aware of?
☐ Yes ☐ No If "Yes," please describe: _____
- ☐ Does your child have any allergies such as to bee stings, food, or medications? ☐ Yes ☐ No
 If "Yes," please describe: _____
9. 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 9/23/24 or later (available on our website at uwm.edu/children – see Forms).
- ☐ 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 the Exclusion for Illness policy 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 Spring 2026

SPRING SEMESTER DATES: Monday, January 26, 2025 – Friday, May 22, 2026

During the Spring semester, the Center will be closed Friday, March 27 (March Break). The Center will be closed following the Spring semester from Monday, May 25 (Memorial Day) through Friday, May 29 for campus steam shutdown week. The Center reopens for the Summer semester on Monday, June 1, 2026.

Child's Name _____

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

☐ **Full-Time/Full-Year Plan**

This plan is *typically* entered into at the beginning of each fall semester. (Slots may be available during the year.) I understand that, if accepted, my child will be scheduled 7:00 a.m. - 6:00 p.m. Monday – Friday starting from Monday January 26 – Friday, August 14, 2026. A full-month deposit (credited at the end of the plan year) is required upon acceptance. See Full-Time/Full-Year Plan policies in the Family Handbook at uwm.edu/children (see Forms) before requesting this plan. 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 9/23/24 or later.

☐ **Half-Day Plan**

I am applying for the Spring semester only (January 26-May 22, 2026). If I'd like my child to continue after May 22, I will need to apply for Summer 2026 (June 1- August 14, 2026).

Please indicate below (with an 'X') the days you wish to apply for. (There is a minimum of two Half-Days per week. If only two Half-Days are requested, they must be on two different days of the week.).

If wanting a full day/s, you would indicate below with an 'X' for both the morning/s and afternoon/s). 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, regardless if the request is approved or denied.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 to 12:30					
12:30 to 6:00					

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 9/23/2024 or later, and at the rate specified in the Fee Structure dated 10/10/2024, 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 9/23/2024 or later.

Signature _____ Date _____

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

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)

Emergency Contact

1. Name (legal) _____
Address _____
City/State _____

Relation (to child) _____
Cell Phone _____
Home Phone _____
Work Phone _____

☐ Yes ☐ No

2. Name (legal) _____
Address _____
City/State _____

Relation (to child) _____
Cell Phone _____
Home Phone _____
Work Phone _____

☐ Yes ☐ No

3. Name (legal) _____
Address _____
City/State _____

Relation (to child) _____
Cell Phone _____
Home Phone _____
Work Phone _____

☐ Yes ☐ No

4. Name (legal) _____
Address _____
City/State _____

Relation (to child) _____
Cell Phone _____
Home Phone _____
Work Phone _____

☐ Yes ☐ No

5. Name (legal) _____
Address _____
City/State _____

Relation (to child) _____
Cell Phone _____
Home Phone _____
Work Phone _____

☐ Yes ☐ No

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.

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 (per child) 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). **Please staple your receipt to this Application Processing Fee form and write your child’s first/last name and your first/last name on the receipt**, 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 (per child)

☐ UWM Student

- \$50.00 Application Processing Fee (per child)

☐ 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.*