

## 2026-27 KINDERGARTEN APPLICATION INFORMATION

### 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 with UWM.

### APPLICATION PROCEDURE

**Applications (consisting of '2026-27 Kindergarten Scheduling Options,' 'Family Information,' 'Emergency Contact Information' and 'Application Processing Fee Form') received at the Children's Learning Center before 6:00 PM on Monday, February 25, 2026,** will be processed by enrollment priority status. Applications submitted after priority deadline will be processed on a first-come/first-served basis. Acceptance letters and/or wait list letters will be sent on March 6 to everyone who applied by February 25.

### 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 \$50.00. 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](http://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 for new families will not be processed without payment of processing fee.**

The UWM Children's Learning Center is open from 7:00 AM-6:00 PM Monday-Friday.

The Center will be closed all legal holidays according to the University calendar. All Center CLOSED dates are listed on our Center Calendar, available on our website at [uwm.edu/children](http://uwm.edu/children); click on Calendar.

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

Qualifying Parent Status:

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

(Please print legibly)

1. Child (legal name) \_\_\_\_\_  
*Last First Middle*

Birthdate \_\_\_\_\_ Age at Time of Application \_\_\_\_\_ Gender: ☐ M ☐ F ☐ Other

**Children must be 4 years old on or before September 1, 2026 to be eligible for our 2026-27 Kindergarten program.**

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](http://uwm.edu/children)).

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

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

Check all that apply:

☐ UWM Student enrolled for Fall 2025 *Student ID*

Have you filed 2026-27 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 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 Fall 2025 *Student ID*

Have you filed 2026-27 FAFSA filed? ☐Yes ☐No      Military-connected? ☐Yes ☐No

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

(continued)

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 1/10/2025 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 the Exclusion for Illness policy on UWM Children's Learning Center website ([uwm.edu/children](http://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).**