COLLEGE FOR KIDS & TEENS

University of Wisconsin – Milwaukee
College for Kids & Teens (CFK/T)
Parental Consent

Please mail or email completed consent forms to:
161 W. Wisconsin Ave. Ste. 6000 Milwaukee, WI 53203
cfkids@uwm.edu by May 25th.
After May 25th please email us the completed form(s) as we will be at our campus location.

I UNDERSTAND THAT I AM BEING ASKED TO READ THE FOLLOWING PARAGRAPH CAREFULLY, AS IT AFFECTS MY LEGAL RIGHTS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS CONSENT, I MAY CONTACT BEN LADUKE, DIRECTOR, AT TELEPHONE 414-227-3360 (8/15-6/1) or 414-940-1896 (6/1-8/15). PLEASE BE SURE TO READ BOTH SIDES AND INITIAL OR SIGN IN EVERY LOCATION.

I, _____, parent of
(parent name)

_____, hereby voluntarily agree
(If you wish to include multiple students on this form, please list names above separated by comas)

to assume all risks and responsibilities surrounding my child's participation in the CFK/T Program. I understand that, depending on the subject matter and activities of this class, including field trips, there may be inherent risks, dangerous conditions, or harmful consequences if I allow my child's participation in this program. I hereby consent and agree to indemnify the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin—Milwaukee (the University), its officers, agents, employees and volunteers from any liability or claims on account of damage to personal property, or personal injury or death, which may result from my child's participation, unless such damage or injury is the result of intentional misconduct or recklessness on the part of the University. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature_____Date_____
This consent is valid for 1 year from the date of signature.

Child's Race/Ethnicity (Voluntary information collected to enhance UW-Milwaukee programming.)

___ 01 Black (not of Hispanic origin) ___ 02 Asian/Pacific Islander

___ 03 American Indian/Alaskan Native

___ 04 Hispanic ___ 05 White (not of Hispanic origin)

Once your child is registered there are no refunds or transfers.
Refunds are made only for classes cancelled by CFK/T.

IMPORTANT INFORMATION ON BOTH SIDES – PLEASE FILL OUT COMPLETELY AND RETURN ASAP

UWM College for Kids & Teens Parental Consent and Authorization Form

I hereby consent/authorize my child to receive emergency medical care in the event I cannot be reached. This authorizes University personnel to obtain treatment from any health care provider should the need arise. I understand that I am responsible for the costs of all services and medications.

I understand that the University may take photographs and/or videos of camp participants and activities. I agree that UWM College for Kids & Teens shall be the owner of and may use such photographs and/or videos relating to the promotion of future campus activities. I relinquish all rights that I may claim in relation to the use of said photographs.

This consent is valid for 1 year from the date of signature, unless revoked in writing. By signature below, I certify that I have read, understood, and agree to the above.

_____

(Signature of legal guardian) (Date)

_____

Student 1 birthdate Grade level next fall Student 2 birthdate Grade level next fall

Emergency Information: Please provide numbers where you can be reached at between 9am-4pm.

Parent/Guardian _____ Phone _____ _____ _____

Primary Number Secondary Number Email Address

Emergency Contact_____ Relationship to child _____Phone_____

_____

List anything the child is allergic to (including medications, food, bee stings, etc.) **Additional Important Information – Please initial where necessary:**

REFUNDS

Once your child is registered there are no refunds or transfers. Parent/Guardian Initial: _____

SUPERVISION

I give permission for my child to be without adult supervision while attending CFK/T (**orange wristband** must be worn at all times while attending our program). Parent/Guardian Initial: _____

OR - I give permission for my child to enter the Union store and visit the restrooms without adult supervision while attending CFK/T (**white wristband** must be worn at all times while attending our program). Parent/Guardian Initial: _____

OR - I **do not** give permission for my child to be without adult supervision while attending CFK/T (yellow, red, green, purple wristband must be worn at all times while attending our program). Parent/Guardian Initial: _____

REPLACEMENT FEE (WRISTBANDS)

Wristbands are given out on the first day and are to be worn throughout the program. It is your responsibility to make sure your child has it on each day in order for them to be properly supervised. This is the only way we identify our students and the limitations that you have chosen. Your child will not be allowed to participate in class unless they have their wristband on. Students are able to trade old bands for replacement bands, but they must bring the old band back each day. If your child has lost or left their wristband at home, they will need to pay $3 to get a replacement band for all colors except for the white orange. White band replacement will be $10 and the orange band replacements will be $20. Replacement fees need to be paid before the student can go to class. If someone does not have money for the replacement of the white or orange band they will be given a yellow band and lose all orange band privileges until they have paid the replacement fee.

WHITE WRISTBANDS – Please understand that having a white wristband is a privilege. CFK/T can choose to revoke these privileges should the student be abusing them. White wristbands allow students to enter the Union store and to visit the restrooms unattended. Parent/Guardian Initial _____

OR - ORANGE WRISTBANDS - Please understand that having an orange wristband is a privilege. CFK/T can choose to revoke these privileges should the student be abusing them. Orange bands allow students to enter the Union store and be left unattended at any time. Parent/Guardian Initial: _____

PHOTOS/VIDEOS

There may be times when pictures/videos are taken for use of promotional material.

YES - My child's picture may be used for promotional materials. Parent/Guardian Initial: _____

NO - My child's picture **may not** be used for promotional materials. Parent/Guardian Initial: _____

LATE ARRIVALS/EARLY PICKUP

I understand that if my student is late or needs to be picked up early it is my responsibility to take them to and from their classroom. If students have orange wristbands they will be allowed to come and go as needed. Parent/Guardian Initial: _____

ARRIVALS

I understand that my student is expected to be lined up at their class sign on time; regardless of wristband color. Parent/Guardian Initial: _____

BEHAVIOR

Children are expected to respect and be courteous to one another and CFK/CFT staff. Disruptive behavior such as hitting, biting, name-calling, running in the lunch room, running ahead of the class, destruction of property, etc. will not be tolerated. These situations will typically be handled as follows: Incident 1 – warning and discussion with student, Incident 2 – discussion with parent, Incident 3 – student will be dismissed from the program (no refunds given). Parent/Guardian Initial that you have read and understood this procedure. Parent/Guardian Initial: _____

ALLERGIES, MEDICATIONS AND SPECIAL NEEDS

If you have a child with allergies, medication needs and/or special needs (e.g. physical, mental, academic, social, dietary) please contact CFK/CFT at 414-227-3360 (before 6/1) or 414-940-1896 (after 6/1) at least **two weeks prior** to scheduled start date to discuss accommodations and complete an Allergy /Medication/ Special Need's Form.

IMPORTANT INFORMATION ON BOTH SIDES – PLEASE FILL OUT COMPLETELY AND RETURN ASAP