COLLEGE FOR KIDS & TEENS

Full STEAM Ahead Fair
March 21st, 2020

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

Please email completed consent forms to: cfkids@uwm.edu by March 19th.
After March 19th please complete or turn in forms at the Registration Table on
the third Floor of the UWM Union across from the Wisconsin Room.

I UNDERSTAND THAT I AM BEING ASKED TO READ THE FOLLOWING PARAGRAPH CAREFULLY, AS IT
AFFECTIONS 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 or
PLEASE BE SURE TO READ BOTH SIDES AND INITIAL OR SIGN IN EVERY LOCATION.

I, ___________________________________________________________ (parent name)

__________________________________________________________, hereby voluntarily agree
(Child Name/s, If you wish to include multiple students on this form, please list names here)
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.

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
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 from time to time, photographers from various local news or marketing publications may take pictures of my child participating in the group activities of the CFK&T Program. I consent to my child being photographed, unless I indicate otherwise at the bottom of this page.

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  Student 2 birthdate  Grade level

Emergency Information: Please provide numbers where you can be reached at between 9am-5pm.

Parent/Guardian ____________________  Phone ____________________

Primary Number  Secondary Number  Email Address

Emergency ____________________  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 leave the program unattended by any adult at the completion of the day 4:30 PM and not at any time during the program hours. (8:30 am -4:30 pm) Students will need to stay within the third floor of the UWM Union unless expressly given permission to leave.
Parent/Guardian Initial: __________

I do not give permission for my child to be without adult supervision while attending CFK&T Program and understand that I am responsible to escort my child from the program at the end of the program. If I do not arrive within 15 minutes of the end time of the program (4:30 pm) I understand that there will be an additional charge of $10.00 per 15 minutes that will be charged to my billing information.
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 check into the Registration Desk with CFK&T Staff to make special arrangements for escort.
Parent/Guardian Initial: __________

BEHAVIOR

Children are expected to respect and be courteous to one another and CFK&T 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&T at 414-227-3360 (before 10/5) or at the Registration Desk at the UWM Union third floor prior to the first class at 9:00 am to discuss accommodations and complete an Allergy/Medication/Special Need’s Form.

Please sign and initial all areas of this form. Without a completed form students may not participate in our March 21st, 2020 Full STEAM Ahead Fair. If you have any questions or concerns please contact us at 414-227-3360 or email us at cfkids@uwm.edu before Thursday March 19th.

Any additional questions or concern will be addressed at our Full STEAM Ahead Fair Registration Table anytime between 8:00 am to 4:00 pm the day of the program event.