

SCHOOL OF CONTINUING EDUCATION

COLLEGE FOR KIDS & TEENS

University of Wisconsin–Milwaukee, College for Kids & Teens (CFK&T)
2022 Parental Consent

Please email completed consent forms to: cfkids@uwm.edu
or mail to UW—Milwaukee, CFK&T, 161 W. Wisconsin Ave. Ste. 6000 Milwaukee, WI 53203.
If not received by May 21st please send by email or in person 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. Please be sure to read both sides and initial or sign in every location.

I, _____, parent of
(PARENT NAME)

_____, hereby voluntarily agree
[STUDENT(S) NAME] (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.

Student drop-off and pick-up will take place at UWM Merrill Hall, 2512 E Hartford Ave.

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

- 01 Black or African American 02 Asian
 03 American Indian or Alaskan Native 04 Hispanic or Latino
 05 White 06 Native Hawaiian or other Pacific Islander

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

MORE INFORMATION ON BACK



SCHOOL OF CONTINUING EDUCATION

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.

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 Name, Birthdate Grade level next fall

Student Name, Birthdate Grade level next fall

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

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.)

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 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 Needs Form.

Additional Important Information – Please initial where necessary:

REFUNDS- Once your child is registered there are no refunds or transfers.

Parent/Guardian Initial: _____

COVID-19 Policies and Procedures – Please note that due to the continued health risks related to COVID-19 our program will be following health and safety policy and procedures as outlined by the University. This will include daily symptom checking, 3 feet of socially distancing while indoors, Mask wearing is strongly suggested, weekly testing for unvaccinated students, and students experiencing symptoms while in our program will be quarantined until picked-up from their parent. Students with symptoms will be sent home and cannot return to the program unless they have proof of negative Covid-19 administered by a professional. At this time, we have received communication from UWM that updates to Policy and Procedures are expected as of May 20th. This expected update may include the removal of weekly testing. This is subject to change based upon local health and safety with regards to Covid-19 cases that could lead to more strict guidelines.

Our registration policy states that once registered for classes we will not offer transfers or refunds. An exception to this policy will be that any student sent home due to Covid-19 will be offered a credit for the time missed to be used this summer or next.

Parent/Guardian Initial: _____

SUPERVISION - 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 for them to be properly supervised. This is the only way we to identify our students and the permissions that you have chosen. Your child will not be allowed to participate in class unless they have their wristband on. Different wristband colors are assigned to different permissions you may offer your student. **See below.**

Orange Wristband: I give permission for my child to be without adult supervision while attending CFK&T, to visit the restrooms, and to leave at the end of the day. (an **orange wristband** must be worn at all times while attending our program). **Any Replacements will be \$20.**

Parent/Guardian Initial: _____

Or

White Wristband: I give permission for my child to visit the restrooms without adult supervision while attending CFK&T (a **white wristband** must be worn at all times while attending our program). **Any Replacements will be \$10.**

Parent/Guardian Initial: _____

Or

Yellow Wristband: I **do not** give permission for my child to be without adult supervision while attending CFK&T (**yellow, red, green, purple** wristband must be always worn while attending our program). **Replacements will be \$3.**

Parent/Guardian Initial: _____

BEFORE/AFTERCARE – Registered students in before or aftercare will receive a wristband that signifies their participation in this programming. See below.

Before/After Care Wristband – red, green, or purple wristband must be always worn while attending our program. **Replacements will be \$3.**

Parent/Guardian Initial _____

Replacement Fee (Wristbands) –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 a replacement fee. The 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.

PHOTOS/VIDEOS – 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.

Parent/Guardian Initial: _____

If for any reason you do not want any photos or videos of your child used for CFK&T promotion, please be sure to contact our offices at cfkids@uwm.edu

LATE ARRIVALS/EARLY PICKUP – I understand that if my student is late or needs to be picked up early it is my responsibility to contact CFK&T to make arrangements for the student.

Parent/Guardian Initial: _____

ARRIVALS – I understand that my student is expected to be at the drop off location 15 minutes prior to the class start time of the students registered class.

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 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: _____

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