

# SCHOOL OF CONTINUING EDUCATION

## COLLEGE FOR KIDS & TEENS

University of Wisconsin–Milwaukee, College for Kids & Teens (CFK&T)  
2024 Parental Consent

Please email completed consent forms to: [cfkids@uwm.edu](mailto:cfkids@uwm.edu)  
or mail them to UW-Milwaukee, CFK&T, 161 W. Wisconsin Ave. Ste. 6000 Milwaukee, WI 53203.  
If not mailed by May 20<sup>st</sup>, please send it 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/guardian of  
(PARENT/GUARDIAN NAME)

\_\_\_\_\_, hereby voluntarily agree  
[CHILD/CHILDREN NAME] (If you wish to include multiple Childrens 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 one year from the date of signature.

**Children 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 healthcare provider should the need arise. I understand that I am responsible for the costs of all services and medications.

**This consent is valid for one 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 a legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Child Name, Birthdate \_\_\_\_\_ Grade level next fall \_\_\_\_\_

Child Name, Birthdate \_\_\_\_\_ Grade level next fall \_\_\_\_\_

**Emergency Information: Please provide numbers where you can be reached between 9a.m.-4p.m.**

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: \_\_\_\_\_

### **Health and Safety Policy and Procedures**

Our program is subject to UW-System and UWM Policy with regards to on-campus, in-person youth programming. This may affect aspects of our delivery of programming including social distancing, age group cohorting, and reduced class sizes. Any information related to these health and safety policies and procedures which relate to program decision making as well as the possibility of reverting to an online delivery method can be found on our website. Updates will be made as the policy has been mandated by UW-System and UWM.

Our policy states that we do not offer refunds or transfers after registration. We are mandated by UWM policies, in the event our program changes our delivery method to online for any reason due to Health and Safety concerns then an exception to the refund policy may take effect. For more information, please see our website policy changes and information. [uwm.edu/sce/kids](http://uwm.edu/sce/kids)  
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 Child. **See below. CHOOSE ONLY ONE WRISTBAND.**

1) **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

2) **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

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

**BEFORE/AFTER CARE** – Registered Children in before or after care 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)** – Children can trade old bands for replacement bands, but they must bring the old band back. 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 child 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](mailto:cfkids@uwm.edu)

**LATE ARRIVALS/EARLY PICKUP** – I understand that if my child is late or needs to be picked up early it is my responsibility to contact CFK&T via email to make arrangements for the child. Call two hour prior to picking up early.

Parent/Guardian Initial: \_\_\_\_\_

**ARRIVALS** – I understand that my child is expected to be at the drop-off location 15 minutes prior to the class start time of the child's 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. For more information, please refer to our website and CFK&T Handbook. [https://uwm.edu/sce/program\\_area/college-for-kids-teens/summer-program-information-resources/](https://uwm.edu/sce/program_area/college-for-kids-teens/summer-program-information-resources/)

Parent/Guardian Initial: \_\_\_\_\_

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