

UW-WHITEWATER CHILDREN'S CENTER APPLICATION

800 W. Main St. 1006 Roseman Hall Whitewater WI 53190 * 262-472-1768

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This registration is for:

- FALL SEMESTER (SEPTEMBER __ - DECEMBER __)
- SPRING SEMESTER (JANUARY __ - MAY __)
- SCHOOL AGE PLAY DAYS
- SCHOOL AGE SUMMER PROGRAM
- Hourly Care (skip to step 3)

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Contract Option:

- 9 Month Contract (September 3, 2024-May 16, 2025)
This option does not include Winter and Spring break
- 12 Month Contract (September 3, 2024 – August 22, 2025)
- As needed School Age Play Days

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Requested Schedule – Mark all days that you are requesting enrollment

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

Children who are dually enrolling for WUSD 4k need to select a minimum of 4 days – all other ages must select a min. of 2 days.

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Tuition will be:

- Paid in full by self
- Placed on my student bill
- Paid by self and Wisconsin Shares Subsidy
- Paid by self and CCAMPIS Subsidy
- Paid day of (or before) School Age Play Day **REQUIRED**

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Please Check one:

- UW-W Faculty/Staff
- Community
- UWW Student
- UWW CCAMPIS Student

_____ How many credits are you taking? (UW Student)

_____ UWW Student ID

Students, please turn in a copy of your class schedule from WINS with your enrollment paperwork. In order to qualify for student rates, you need to be enrolled in at least **6 undergraduate classes or 6 graduate credits**. Educational Programs, required internships, or practicum experiences also qualify for student rate.

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Yearly Registration Fee

- UWW Student CCAMPIS Registration \$25
- UWW Student Registration \$65
- UWW Faculty/Staff and Community Registration \$85
- School Age Play Day Registration/School Age Summer Program \$25

The Registration Fee must be paid at the time of registration to hold your child's place on our waiting list. This fee is NON-REFUNDABLE

***Whitewater Unified School District has a separate registration fee and application process for 4K. You must complete BOTH to secure a spot in 4K**

Child Information:

Full Name: _____ Nickname: _____

Date of Birth: _____

Child's Home Address: _____

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Does your child have any allergies? **No** **Yes (please explain):**

Are there any health concerns/conditions, which might be important to know in caring for this child? **No** **Yes (please explain):**

Has your child had a preschool and/or childcare experience before this one? **No** **Yes (please explain):**

How would you describe your child?

Do you have any concerns about your child's development?

Please provide additional information about your child below (or on an attachment), which will help us to get to know your child better and meet their needs while at the center (i.e., toileting concerns, difficulty in separating, food preferences, nap/resting needs, custody situations, circumstances in the family which may impact this child that you feel we should be aware of at the center).

***Decisions about enrollment are typically made in May for the fall semester and in November for the spring semester. After enrollment decisions have been made, a letter confirming your child's enrollment status will be emailed as soon as possible. ***

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Persons with disabilities who require alternative means for communication of program information should contact USDA's TARGET Center at (202) 720-2600.

Family Contact Information

Parent(s)/Guardian(s) Name(s):	E-Mail Address(es):	Home Phone:	Work Phone:	Cell Phone:

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Health Insurance Carrier:	Name of Insured:	Policy Number

Name of Individual(s) Responsible for Payment	Social Security Number

Authorized Pick-up:

The following people, along with the parent(s)/guardian(s) listed on the first page are authorized to pick up and drop off the enrolled child AND are authorized to have access to his/her health information. If I cannot be reached in the case of emergency, the staff at the Children's Center will contact the following people. **Please make sure these are people that work or live close to the Children's Center, list them in order of who should be contacted first, second, third, etc., and please let these people know that they are on the emergency list.**

	NAME	PHONE	RELATIONSHIP TO CHILD/FAMILY
1.			
2.			
3.			
4.			

Healthcare Information		
Provider Name	PHONE	ADDRESS
Pediatrician:		
Dentist:		
Clinic:		
Hospital:		

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Notes about enrollment:

- *The first priority is to re-enroll children who are currently enrolled and their siblings. Once a child is enrolled at the center, that child is guaranteed the same schedule for continuing semesters (if paperwork is completed and turned in by registration deadline).
- *For new enrollees, priority is given to children of UWW students who have completed applications and paid registration fees by the registration deadline.
- *It is very difficult to add days to a child's schedule after the semester has started. If there are not spots open, children wishing to add days will be placed on the waiting list.
- *Please read the attached Enrollment Policy from the Children's Center Family Handbook. Note that there are fees for withdrawing or reducing a child's schedule.
- *Regular tuition fees are charged when a child is absent. Families who choose the Yearly enrollment option will earn flex days that can be used for reimbursement for absences.

Permission Statements

Yes No I give permission for my child to participate in all walking trips originated at the Children's Center to points of interest on campus, Starin Park, and the surrounding community. If "No" is chosen, I understand that I am responsible for picking up my child during the walking field trips.

Yes No I give permission for my child to participate in activities (literacy groups, hearing and speech screenings) conducted with Graduate Students from the Communicative Sciences and Disorders Department.

Yes No I give permission for my child to participate in physical activity sessions conducted in conjunction with undergraduate students in the Health Physical Education Recreation Department.

Yes No I give permission for my child's photos / video clips to be shared by Children's Center staff for use with the Kaymbu app for classroom documentation, individual electronic portfolios, and the Children's Center closed Facebook group. I understand my child's image may appear in other children's portfolios.

Yes No I give permission for my child to be photographed / videotaped for the Children's Center use in promotional documentation or use outside of the center for press/media release or the Children's Center website.

Yes No I give permission for my child's photo to be put on their hallway cubby with their 1st name and last initial AND in hallway displays of classroom activities / artwork.

Yes No I give my permission to UW-Whitewater Children's Center core staff (Director, Program Assistant, and Lead Teachers only) to have access to my child's health information.

Yes No In a case of emergency, I give permission for my child to be transported and treated at the nearest medical facility. If "No" is chosen, this is the procedure I would like the center to follow:

By signing below, I agree **to all policies in the Family Handbook, the fee schedule, and accepting responsibility for payment of my child's enrollment.** In addition, by signing below, I hereby give my consent for emergency medical care or treatment, to be used only if I cannot be reached.

Parent(s)/Guardian(s) Signature(s)

Date

Office use: Date turned in and registration fee paid: _____ Amount: _____ Check # _____ Initial Start Date: _____