



## Requested Schedule

Please **CIRCLE one** of the options for EACH day (Half or Full Day, or No Care Needed)

If your child becomes enrolled, you will need to complete an exact schedule of where you will be while your child is at the Children's Center.

Please do not add that information on this form.

<b>MONDAY</b>	<b>Full Day</b> 7:30-5:30	<b>Half Day</b> 7:30-12:30	<b>Half Day</b> 12:30-5:30	<b>No Care</b>
<b>TUESDAY</b>	<b>Full Day</b> 7:30-5:30	<b>Half Day</b> 7:30-12:30	<b>Half Day</b> 12:30-5:30	<b>No Care</b>
<b>WEDNESDAY</b>	<b>Full Day</b> 7:30-5:30	<b>Half Day</b> 7:30-12:30	<b>Half Day</b> 12:30-5:30	<b>No Care</b>
<b>THURSDAY</b>	<b>Full Day</b> 7:30-5:30	<b>Half Day</b> 7:30-12:30	<b>Half Day</b> 12:30-5:30	<b>No Care</b>
<b>FRIDAY</b>	<b>Full Day</b> 7:30-5:30	<b>Half Day</b> 7:30-12:30	<b>Half Day</b> 12:30-5:30	<b>No Care</b>

### Things to remember:

- \*The first priority is to enroll children who are currently enrolled.
- \*For new enrollees, priority is given to students and then to non-students.
- \*There is a 15% childcare fee discount for the second, third, etc. child in a family. (The discount does not apply during interim/winterim sessions.)
- \*Once a child is enrolled at the center, that child is guaranteed a like spot for continuing semesters (if paperwork is completed and turned in by deadline)
- \*It is almost impossible to add blocks of time after the semester has started.
- \*Please read the section "Fees and Billing Procedure" in the Children's Center Parent Handbook which will be followed if child-care is reduced or terminated during the semester.

- \*All families will need to give teachers a schedule of where they will be while their child(ren) are at the center (in case of emergency by the first day of the semester).

## Extremely Important:

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

\_\_\_\_\_  
Name Phone Relationship to child/family

\_\_\_\_\_  
Name Phone Relationship to child/family

\_\_\_\_\_  
Name Phone Relationship to child/family

\_\_\_\_\_  
Name Phone Relationship to child/family

### Please complete ALL lines:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

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

Are there any health concerns/conditions which might be important to know in an emergency? Yes (please explain) No

Has your child had a preschool and/or child-care experience previous to this one? Yes (please explain) No

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 additional piece of paper) that would help us to get to know your child better and meet his/her needs while at the center (i.e., toileting concerns, difficulty in separating, food preferences, nap/resting needs, custody concerns, major changes in the family that may affect your child and that you feel we should be aware of at the center).

Please list people that are important in your child's life (you are welcome to include the names of pets or security objects that are significant!):

**Proposed rates for Fall 2009 and Spring 2010 effective July 1, 2009 (subject to change)**

Block of time	Student Rate	Non-Student Rate
Full-day	\$25.75	\$33.85
Half-day AM	\$14.80	\$23.65
Half-day PM	\$14.25	\$22.25

**Parent Handbook Statement:**

We have tried to include all necessary information needed to make you well versed on our program in the Center Handbook. By signing this form you are agreeing with the policies that are included in the handbook. The Children's Center Handbook can be found at [www.uww.edu/staffair/children/program.php](http://www.uww.edu/staffair/children/program.php) for your review. Any updates or changes to our handbook will be emailed in our monthly newsletters or in your parent mailboxes.

**Registration Fee and Payment:** An initial registration fee of \$35.00 (student fee) or \$50.00 (non-student fee) is due at the time this registration fee is returned to the Children's Center office. This registration fee is non-refundable, unless your child remains on the waiting list for an entire semester. Each continuing semester, the registration fee is \$15.00 (student) or \$25.00 (non-student). **All fees paid directly to the center must be in check form, made out to the UW-Whitewater Children's Center.**

By signing below, you are agreeing to all policies in the Parent Handbook, our fee schedule, and accepting responsibility for payment for your child's scheduled hours (unless covered by another agency). If you do not understand a policy or procedure, please write it below and the director will contact you to further discuss it.

I hereby give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

\_\_\_\_\_  
Parent(s)/guardian(s) Signature(s)

\_\_\_\_\_  
Date

Decisions about enrollment are usually 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 mailed as quickly as possible.

If you have a question about this form, please stop in the office or call us at 262-472-1768. Please use the space below to voice any concerns, questions, or observations.

This facility is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin. Any person who believes he or she has been discriminated against in any USDA-related activity should write: Administrator, Food and Nutrition Svc., 3101 Park Center Dr., Alexandria, VA 22302.