

Initial Application--Summer 2009

UW-Whitewater Children's Center

"Celebrating Diversity and Teaching Peace"

NOTE: THE FIRST DAY SUMMER SESSION APPLICATIONS WILL BE ACCEPTED IS JANUARY 20, 2009.

PLEASE COMPLETE ALL SIDES OF THIS FORM: Applications will not be accepted unless all lines are completed.

Check each session your child will attend: ___May 26-June 12 ___June 15-July 3 ___July 6-24 ___July 27-Aug. 14

Child's Full Name	Nickname	Birthdate	Present Age
Parent(s)/Guardian(s) Name(s):	ID# (students only):	Home Phone:	Cell Phone:
E-Mail Address (es):		Work Phone:	

Address to which information should be sent:

Street	City	State	Zip Code
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Please Check One: ___ UW-W STUDENT - How many credits _____ **Please Check One:** ___ Paid in full by Self

* Please remember to qualify for student rates; you need to be taking a total of 6 credits throughout the Summer 2009 sessions. ___ OTHER (Please explain)

 ___ UW-W FACULTY/STAFF

 ___ COMMUNITY

Permission Statements

Please circle one: (This permission portion will only be completed on the initial application. Any subsequent changes in permission will require written notification from the parent/guardian.)

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 and to Starin Park. 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 be photographed / videotaped for Children's Center or UW-Whitewater publicity or educational purposes.

Yes No I give my permission for my child and our family's name, address, and phone number to appear in the Children's Center Directory.

Yes No I give my authorization to UW - Whitewater Children's Center core staff (Director, Program Assistant, and Lead Teachers) 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 chose, this is the procedure I would like the center to follow:

Health Insurance Carrier: _____ Name of Insured: _____ Policy Number: _____

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

Requested Schedule

Please CIRCLE the days and times childcare is needed.

May 26-June 12 (Session 1) Center is Closed May 25, 2009

June 15-July 3 (Session 2)

Day	Child Care Needed?	Circle One			Day	Child Care Needed?	Circle One		
MON	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	MON	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
TUES	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	TUES	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
WED	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	WED	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
THURS	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	THURS	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
FRI	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	FRI	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30

July 6-24 (Session 3)

July 27-Aug. 14 (Session 4)

Day	Child Care Needed?	Circle One			Day	Child Care Needed?	Circle One		
MON	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	MON	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
TUES	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	TUES	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30
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FRI	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30	FRI	YES NO	Full Day 7:30-5:30	Half day 7:30-12:30	Half day 12:30-5:30

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 schedules are for the entire session.
- *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).
- *It is almost impossible to add blocks of time after the summer has started.
- *University student parents have the entire childcare bill put on their university bill.
- *Please read the section "Fees and Billing Procedure" in your Children's Center Handbook which will be followed if childcare is reduced or terminated during the semester.
- *Confirmation of enrollment takes place at the end of April and letters, along with bill, will be sent to the address on the front of this enrollment form. If this form is completed after April, a letter concerning enrollment is sent within two weeks of the center receiving this form.
- *Summer enrollment DOES NOT guarantee fall enrollment.

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!):

Rates for: Through June 30, 2009

* Proposed rates starting July 1, 2009 (subject to change)

Block of Time	Student Rate	Non-Student Rate	Student Rate	Non-student rate
Full Day	\$24.85	\$32.65	\$25.75	\$33.85
Half-day AM	\$14.25	\$22.80	\$14.80	\$23.65
Half-day PM	\$13.75	\$21.50	\$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 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.