

4 - K Application (Sept '12 - June '13)

UW-Whitewater Children's Center

"Celebrating Diversity and Teaching Peace"

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

PLEASE NOTE: 4K is a Dual Enrollment Process and additional paperwork must also be completed with Whitewater Unified School District

Child's Full Name

Nickname

Birth date

Present Age

Date form completed

Referred by:

Parent(s)/Guardian(s) Name(s):

ID# (students only):

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address (es):

Address to which information should be sent:

Street

City

State

Zip Code

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 12 undergraduate or 9 graduate credits.

___ 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 one of the options for EACH day (Before, After, or Both)

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.

MONDAY	Before 4-K Program 7:30-9:00/4-5:30	After 4-K Program 12:00-5:30	Before & After Care 7:30-5:30 (4-K Program 9:00 - 12:00)	NO CARE NEEDED
TUESDAY	Before 4-K 7:30-9:00/4-5:30	After 4-K 12:00-5:30	Before & After Care 7:30-5:30 (4-K Program 9:00 - 12:00)	NO CARE NEEDED
WEDNESDAY	Before 4-K 7:30-9:00/4-5:30	After 4-K 12:00-5:30	Before & After Care 7:30-5:30 (4-K Program 9:00 - 12:00)	NO CARE NEEDED
THURSDAY	Before 4-K 7:30-9:00/4-5:30	After 4-K 12:00-5:30	Before & After Care 7:30-5:30 (4-K Program 9:00 - 12:00)	NO CARE NEEDED
FRIDAY	Before 4-K 7:30-9:00/4-5:30	After 4-K 12:00-5:30	Before & After Care 7:30-5:30 (4-K Program 9:00 - 12:00)	NO CARE NEEDED

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 Family 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!):

Rates for Before, After and Full Day Child Care have not been set and will be published no later than July 1, 2012

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 family mailboxes.

Registration Fee and Payment: The Children's Center registration fees are as follows for families requiring before and/or after 4K care: **Per Semester** \$15.00 (Student fee), \$20.00 (Faculty/Staff), and \$25.00 (Community). **Per Academic Year (WUSD Calendar Sept-June)** \$25.00 (Student), \$35.00 Faculty/Staff, and \$45.00 (Community). **Full Calendar Year (Sept - August)** \$35.00 (Student), \$50.00 (Faculty/Staff), and \$65.00 (Community) is due at the time this registration form 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. **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 Family 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.

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