University of Wisconsin Oshkosh Children’s Center

Summer Adventure Program Registration
Parent Consent/Authorization

1.Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_
2.Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_

Check the weeks and days your child will be attending:
(Each child must attend a minimum of 6 weeks, either 3 days or five days per week)

\_\_\_ Week 1 June 13-17 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 2 June 20-24 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 3 June 27-July 1 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 4 July 5-8 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 5 July 11-15 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 6 July 18-22 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 7 July 25-29 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 8 Aug 1-5 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 9 Aug 8-12 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 10 Aug 15-19 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri
\_\_\_ Week 11 Aug 22-26 \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Th \_\_\_Fri

\_\_\_ Week 12 Aug 29-31 \_\_\_Mon \_\_\_Tues \_\_\_Wed

Rates: Rates include breakfast, snacks and field trip costs.
Faculty, Staff and Community:
Full Week: $180.00 3 Days Per Week: $165.00
Students: Full Week: $158.00 3 Days Per Week: $114.00
(must be enrolled for UW Oshkosh Summer 2016)

Policies:
$20 per week/per child deposit is due at time of registration. Deposits will be applied to your weekly rate and are non-refundable.
Parent Consent/Authorization:
*Please initial each line and sign at bottom stating you have read and understand each item.*
\_\_\_I am aware that a copy of the Wisconsin Licensing Rules for Childcare is available at the Children’s Center for review at any time.
\_\_\_I authorize the Summer Adventure Program to take my child on all field trips via bus or walking during any of the days my child is registered.
\_\_\_I give permission for promotional photographs to be taken of my child.
\_\_\_In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact cannot be reached.
\_\_\_I understand that all enrollment information is confidential and is only used as a guide in understanding my child.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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