

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 5 weeks, either 3 days or five days per week)

Dates to be determined each summer - please call the Center office for information.

Week 1 Mon Tues Wed Th Fri
Week 2 Mon Tues Wed Th Fri
Week 3 Mon Tues Wed Th Fri
Week 4 Mon Tues Wed Th Fri
Week 5 Mon Tues Wed Th Fri
Week 6 Mon Tues Wed Th Fri
Week 7 Mon Tues Wed Th Fri
Week 8 Mon Tues Wed Th Fri
Week 9 Mon Tues Wed Th Fri
Week 10 Mon Tues Wed Th Fri
Week 11 Mon Tues Wed Th Fri

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 2015)

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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