

**University Employee and Community Enrollment Form
UW Oshkosh Children's Learning and Care Center**

Date of Application: _____ First day of Attendance: _____ Contract Length: Nine Mo. ___ Twelve Mo. ___

Hours of care:

Mornings (7 a.m. – 1 p.m.) for 5 days/week

Afternoons (Noon – 6 p.m.) for 5 days/week

Full days for 5 days/week
(Any hours between 7 a.m. – 6 p.m.)

Full days for 5 days/week, 9 month, plus some weeks in
June & August
(University & Public/Private school employees only)

Mornings (7 a.m. – 1 p.m.) for 3 days/week

Days of the week _____

Afternoons (Noon – 6 p.m.) for 3 days/week

Days of the week _____

Full days for 3 days/week
(Any hours between 7 a.m. – 6 p.m.)

Days of the week _____

Please Note: There are a limited number of spots available for
child care for only 3 days per week on a 1st come 1st served basis

All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule. DCF 251.04(6) (a)1

Child(ren)'s Name: _____ Birthdate(s) _____

Parent/Guardian 1: _____ Email: _____ Home/Cell () _____

University ID# _____ Address: _____ City _____ Zip _____

Does the child reside at this location? Yes ___ No ___

Business: _____ Work Times: _____ Work #: _____

Parent/Guardian 2: _____ Email: _____ Home/Cell () _____

University ID # _____ Address: _____ City _____ Zip _____

Does the child reside at this location? Yes ___ No ___

Business: _____ Work Times: _____ Work #: _____

Persons, other than parents/guardians, who are authorized to pick up your child if no one, write "None"

1. Name _____ Relationship to Child _____ Home/Cell No. _____

Email Address While Child is in Care _____ Work Info _____ Phone () _____

2. Name _____ Relationship to Child _____ Home/Cell No. _____

Email Address While Child is in Care _____ Work Info _____ Phone () _____

Person to be notified in an EMERGENCY when parents/guardians cannot be reached

1. Name _____ Relationship to child _____ Home/Cell No. _____

Email Address While Child is in Care _____ Work Info _____ Phone () _____

This person is authorized to pick up your child? Yes ___ No ___ (over)

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Child's Physician or Medical Facility:

Name _____ Address _____ Phone _____

- Yes No I hereby give my consent for emergency medical care or treatment; to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the *Wisconsin Rules for Licensing Child Care Centers*.
- Yes No I understand that the Children's Center does provide liability insurance for the staff and all volunteers through the University, but my child is NOT covered by accident insurance while at the Children's Center.
- Yes No I understand that the Children's Center calendar runs from September 1 through August 31. Once your child is enrolled your family will be given first priority for consecutive terms if your request is received prior to June 1 for fall of each year for both twelve and nine month contracts.
- Yes No I give permission for my child to participate in Transported Walking fieldtrips and other activities during operating hours
- Yes No I have been informed of the number of pets in the Center and their degree of contact with the children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the Center. We have one fish and one crab both in the 2 1/2 year olds room in one fish tank.
- Yes No I UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR ALL THE TIMES FOR WHICH I AM SCHEDULED WHETHER OR NOT MY CHILD IS PRESENT AT THE CENTER, COVERING THE ENTIRE TERM FOR WHICH I HAVE ENROLLED.
- Yes No I understand that I must pay a \$25 annual, non-refundable registration fee per family at the time of registration and thereafter each September.
- Yes No I, the undersigned do hereby assign to the University of Wisconsin Oshkosh absolutely, the copyright and/or the right to copyright photographs and/or video tapes of my child/children and the right of reproduction thereof, either wholly or in part, and the unrestricted use thereof in whatever manner the University or its licenses or assignees may in their absolute discretion think fit for all and any advertising or other purposes whatsoever, including the right of necessary retouching, and tinting or work up for reproduction purposes.

Parent/Guardian Signature _____ Date _____

5/2015