

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

Date of Application: _____ First day of Attendance: _____

Child Name: _____
Birthdate _____

Circle: Parent or Guardian 1: _____ Email: _____
Cell (____) _____ Other Phone(____) _____
Address: _____
City _____ Zip _____
Does the child reside at this location? Yes No

Business: _____ Work Schedule: _____
Are you a currently enrolled UWO Student? Yes No UWO Student ID _____

Circle: Parent or Guardian 2: _____ Email: _____
Cell(____) _____ Other Phone(____) _____
Address: _____
City _____ Zip _____
Does the child reside at this location? Yes No

Business: _____ Work Schedule: _____
Are you a currently enrolled UWO Student? Yes No UWO Student ID _____

Schedule for Care:

UWO Student Families (Titan Web will be checked each semester to ensure continued enrollment)	UWO Faculty and Community Families
Full time (Monday-Friday) (More than 6 hours daily) Average arrival _____ Average departure _____	Full time (Monday-Friday) (More than 6 hours daily) Average arrival _____ Average departure _____
Half time (Monday-Friday) (Less than 6 hours daily) Average arrival _____ Average departure _____	Half time (Monday-Friday) (Less than 6 hours daily) Average arrival _____ Average departure _____
Part Week (3 days per week) (More than 6 hours daily) Mon__Tues__Wed__Thurs__Fri__ Must be same days each week Average arrival _____ Average departure _____	If you are UWO Faculty on a nine month contract or employed by a local public or private school system, you are eligible for a 9 month contract. During the summer months, you have the option of reducing your child's schedule to at least one full day per week or withdrawing from the center for the summer and re-enrolling in the fall. You would need to pay the registration fee for your child again, but you would have priority re-enrollment.
Part Week (3 days per week) (Less than 6 hours daily) Mon__Tues__Wed__Thurs__Fri__ Must be same days each week Average arrival _____ Average departure _____	
Individual schedules are available for UWO student families only. Please indicate Days and Hours needed Mon__Tues__Wed__Thurs__Fri__ Average arrival _____ Average departure _____	If you are a UWO Employee on a 12 month contract, or any community family you only have the option of a 12 month contract.

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List persons who are authorized to pick up your child:

1. Name _____ Relationship to Child _____
Address: _____ City _____ State _____
Phone _____
2. Name _____ Relationship to Child _____
Address: _____ City _____ State _____
Phone _____

NAMES AND ADDRESSES OF PERSONS WHO WILL CARE FOR YOUR CHILD IN AN EMERGENCY (other than parents) If the parents/guardians cannot be reached and no one is listed, legally we must turn the child over to Child Protective Services after Children's Center hours.

1. Name _____ Relationship to Child _____
Address: _____ City _____ State _____
Phone _____
2. Name _____ Relationship to Child _____
Address: _____ City _____ State _____
Phone _____

Child's Physician _____

Address _____ Phone _____

List Child's Special Needs (allergies, behaviors, speech, feeding, etc.)

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- YES NO I understand that I must pay a \$25 non-refundable registration fee per family at the time of registration.
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- YES NO I understand that there is a \$20 fee per access card for the center. This charge will occur on the first invoice. If a replacement card is needed, I will be charged a fee for each replacement card.
-
- YES NO I understand that I will pay the rate for the room to which my child is assigned, even if the child's age has changed.
-
- YES NO I understand that I may withdraw my child from the CLCC with two week's written notice.
-
- YES NO I understand that all scheduled times are billed, whether they are used or not. Note: UWO student families are not billed for times the university is closed, classes are canceled, or for interims or breaks unless their child is attending during those times.
-
- YES NO I understand that fees are subject to change with advance written notice.
-
- YES NO Parents receiving assistance from the Department of Workforce Development (DWD) are responsible for any portion of your fees not covered by DWD.
-
- YES NO All returned checks will be issued a \$20 fee.
-
- YES NO I understand that failure to make payments by the designated due dates can result in collection action. I agree to pay all costs of collection incurred by UWO Children's Center including but not limited to collection agency fees, percentage based fees associated with the collection of past due amounts (not to exceed 33%), credit bureau fees, legal filing fees, service of process fees, publication fees, witness fees, reasonable attorney fees and recording fees and to pay any finance charges assessed by UWO Children's Center. I also understand that UWO Children's Center may certify my past due balance to the Wisconsin Department of Revenue and make a claim for the total due against refunds, overpayments, lottery payments, or other assets available to the Department in its collection efforts."
-
- 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.
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- YES NO I give permission for my child to participate in walking field trips and other activities during operating hours
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- 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.
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- YES NO I, the undersigned, do hereby give permission to the University of Wisconsin Oshkosh absolutely, the copyright and/or the right to copyright photographs and/or video tapes of me or my child 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.

Circle: Parent or Guardian Signature _____ Date _____

