

UW-PARKSIDE CHILD CARE CENTER
ENROLLMENT FORM

NAME OF CHILD _____

Home Address _____
(Street) (City) (State) (Zip)

Telephone No. () _____ Gender _____ M _____ F Birthdate _____

Application Date _____ First Date of Attendance _____

NAME OF FATHER _____

Home Address _____
(Street) (City) (State) (Zip)

Home Phone No. () _____ Work Phone No. () _____

Cell Phone No.() _____

NAME OF MOTHER _____

Home Address _____
(Street) (City) (State) (Zip)

Home Phone No. () _____ Work Phone No. () _____

Cell Phone No.() _____

EMERGENCY CONTACT (Person to contact when Father, Mother or Guardian cannot be reached).

Name _____ Relationship to Child _____

Home Phone No. () _____ Work Phone No. () _____

Cell Phone No.() _____

PHYSICIAN OR MEDICAL FACILITY _____

Address _____
(Street) (City) (State) (Zip)

Telephone No. () _____

PARENTAL CONSENT

I hereby give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately. In an emergency, children are transported by ambulance to Kenosha Memorial Hospital, Kenosha, Wisconsin.

(Parent/Guardian Signature)

(Date)

~OVER PLEASE~

FIELD TRIP PERMISSION: I hereby give consent to the UW-Parkside Child Care Center to take my child, _____ on walking trips to places of interest on campus with the understanding that such trips are under the supervision of authorized personnel of the UW-Parkside Child Care Center and that all possible precautions are taken to insure the health and safety of my child.

(Parent/Guardian Signature)

(Date)

CLASSROOM PHOTOGRAPH/VIDEOTAPING: There are times at the US-Parkside Child Care Center when children are photographed/videotaped while they are participating in program activities. You are being asked to sanction your child's participation in these experiences. Thank you for your cooperation.

(Parent/Guardian Signature)

(Date)

AGREEMENT OF HOURS:

| Child Care Hours Needed | For Office Use Only |
|-------------------------|---------------------|
| Monday _____ | \$ _____ |
| Tuesday _____ | _____ |
| Wednesday _____ | _____ |
| Thursday _____ | _____ |
| Friday _____ | _____ |
| TOTAL | \$ <u>_____</u> |

I understand I must comply with these scheduled hours. If I must change my hours, I may drop time or add time based on availability. I understand there is a fee assessed for any change in schedule assigned on a per child basis. With each change in schedule, I understand I must complete a form and sign a statement that reflects the new hours.

(Parent/Guardian Signature)

(Date)

Please indicate parental status: Student Faculty Staff Alumni Other

CLASS SCHEDULE: If either or both parents are students, please list class schedule(s).

| Course No. | Sect. No. | Cr. | Course Title | Hours | Days |
|------------|-----------|-----|--------------|-------|------|
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CONTRACT AGREEMENT: I hereby sign that I have read and I understand the child care center policy contract.

(Parent/Guardian Signature)

(Date)