

Family Surname: _____

Expected Graduation Date: _____

UVU ID Number: _____

Office Use Only	
New	Returning
Date: _____	_____
Time: _____	_____
Initials: _____	_____

Summer 2010

Packets must be *completely* filled out and ALL required documents must be attached BEFORE your application can be processed.

If you have any questions, please call us at 863-7266 Fax # 801-224-1095
Turning in this application does not guarantee enrollment. You will receive acceptance by phone on or before April 13th. If you have not heard from us by then please give us a call. Please note that first months tuition will be due upon acceptance to the program and is nonrefundable. The response date to confirm your acceptance is April 20th, if we do not here back from you by then, you may be dropped from your spot.

Ages accepted are from 6 weeks to 12 years old.

Wee Care Hours: M-F. 6:45am-5pm

Items That Need To Be Included

You will need to provide your own copies!

- 2 Months Income Verification
Check stubs, Divorce Decree, Support Order, Medicaid Card, Case Number
- Previous Years Tax Return
Front Page Only (if you have a Medicaid card, or food stamp case# tax returns are NOT necessary)
- UVU **Detail** Class Schedule.
- \$10.00 non-refundable Registration fee per family
- About Your Infant form (if you have a child under 1 year)
- **Proof of eligibility for Pell Grant (CCAMPIS Grant Requirement)**

Please Check the Following:

- Turning Point Client
 - UVU Student
 - MATC
 - Wee Care Employee
 - UVU Employee
- Third party is paying child care (DWS, Voc Rehab, ect.)

Registration for Single Parents:

April 1st – 5th

Registration for Married Parents:

April 6th - 9th

Admission Agreement & Contact Information

Parent's Name:_____

Child/Children:_____

Individual Child Health Assessments must be filled out for EACH child

Home Address_____

City State Zip

Home Phone () _____ Alternate Phone () _____

Email_____

Employer_____ Employ Phone_____

Employer Address_____

City State Zip

Single Married Divorced

2nd Parent/Guardian Name_____

Home Address_____

City State Zip

Home Phone: _____ Alternate Phone: _____

Relationship to Child/Children_____

Employer_____ Employer Phone_____

Employer Address_____

City State Zip

** Is the 2nd parent/guardian a UVU Student? **Yes No**

Is this parent/guardian authorized to pick up the child/children?

Yes No

If you are *returning* and have skipped a semester, what year did you start using the Wee Care Center? _____

As part of my admission to the Wee Care Center I will purchase a proximity card for access to the Wee Care Center. This card is only for personal use. If you allow persons who do NOT have a proximity card (or who are not authorized) access to the building you will be terminated from the program.

Signature of Parent/Guardian

Date

Emergency Contacts

(Other than parents, who are authorized to pick up your child/children)

Name:_____Phone:_____Alt.Phone_____

Address:_____City:_____State:_____Zip:_____

Name:_____Phone:_____Alt.Phone:_____

Address:_____City:_____State:_____Zip:_____

OUT OF STATE EMERGENCY CONTACT: (If any)

Name:_____Phone:_____Alt.Phone:_____

Address:_____City:_____State:_____Zip:_____

Medical Treatment Information

Name of Child's Medical Provider:_____Phone:_____

Doctor's Address_____

Name of Child's Dentist:_____Phone:_____

Dentist's Address:_____

Immunization Release:

We have access to the USIIS Database and we may be able to access your child's immunization through their database. If we are UNABLE to access this information you will be required to provide it PRIOR to your acceptance into the program.

IF you agree to allow the Wee Care Center access to this information please sign below:

Parent Signature

Date

Child Health Assessment

Must be completed for EACH child

Child's Name _____ Male Female

Child's Preferred Name _____ Date of Birth _____ Age _____

Please check all that apply and list any health information needed to care for your child.

Any known allergies/sensitivities to:	No	Yes	If yes, please list
Medications	___	___	_____
Foods	___	___	_____
Other	___	___	_____

Any chronic illnesses or medical conditions:	No	Yes	Any Disabilities:	No	Yes
Asthma	___	___	Hearing Impairment	___	___
Diabetes	___	___	Visual Impairment	___	___
Seizures	___	___	Developmental Delays	___	___
Heart	___	___	Physical Impairment	___	___
Other _____			Emotional Problems	___	___
			Other _____		

Additional Health Information or special instructions you feel we need to be aware of:

List any medications your child is currently taking: _____

Date of last physical exam: _____

Date of last dental exam: _____

If your child is turning **1 YEAR BEFORE** the semester begins please answer the following:

Is your child walking with confidence? ◇ Is your child still using a bottle? ◇

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the Wee Care Center to obtain emergency medical care and or/provide emergency medical transportation. ◇

I give permission for Wee Care to take photos of my child for the center's use only. ◇

I DO NOT give permission for Wee Care to take photos of my child for the center's use. ◇

Signature of Parent/Guardian

Date

Schedule

This agreement is between the Wee Care Center and (Parent) _____
 for the care of (Child/Children) _____.

Child care services will be provided on the following days, for the following hours:

- ~ Please include **15 minutes** before and after class to allow for drop off and pick up.
- ~ Up to **3 study hours** per week are included in your sliding scale fee. These hours stay the same week to week. Hours can not be added later unless scheduled in advance with the Coordinator. Hours beyond the 3 allowed will be charged the full tuition amount of **\$2.75 per hour per child and must be approved by the Coordinator based on availability.**
- ~ Write "Study Hours" under the Class Name column and indicate the days and times you would like to use your optional study time.
- ~ **List classes from earliest to latest.**
- ~ If there are 30 minutes or more in between classes, you may use that as part of your study hours , or you will need to pick up your child/children for that time.

Class Name	Mon.	Tues.	~TIMES~ Wed.	Thurs.	Fri.
------------	------	-------	-----------------	--------	------

Example: Math 1010 Class 8:00-8:50 Write 7:45-9:05	7:45-9:05	7:45-9:05	7:45-9:05	7:45-9:05	

To the best of my knowledge the above hours are correct. These hours are to be held for my child ***upon acceptance into the program.*** If there are any changes to my schedule I agree to inform the Wee Care Center immediately. I understand that space may or may not be available to accommodate these changes.

 Signature of Parent/Guardian

 Date

The Wee Care Center Agrees to Follow our Policies and Procedures

Parents Agree to do the following BEFORE their children are allowed to attend the Wee Care Center:

- Pick up their Parent Packet
- sign their Tuition Agreement,
- Pay their First Months Tuition in FULL (this is **NON REFUNDABLE**)
- Bring a change of clothes, underwear and socks in Ziploc bag with your child's name on it.
- Diapers if applicable with the child's initials on the side (we provide wipes)
- Labeled bottle and pacifier, Sippy Cups are now provided (sippy cups are not allowed in the Toddler room, bottles in the infant room **ONLY** and must be taken home & washed **EVERYDAY**)
- Fill out an "About Your Infant Sheet" if your child is under 1 year.

Parents agree to pay their Tuition by the 1st of the Month

- Any returned checks will incur a \$25.00 insufficient funds fee
- There will also be a **\$5.00 late fee** assessed **everyday** after the 5th of the month, unless you have directly spoken with Mary Ellen to make other arrangements
- There is a Tuition Drop Box located to the left of the Kiosk for after hour's payments. Checks only please!

Parents agree to pay their FULL Tuition

- If dropping a class **before May 13th for 1st block /15-week session, or July 2nd for 2nd block** We will try and work with you if you need to reschedule your classes however, you will be charged a **\$5.00** schedule fee change every time you change your classes (this is very time consuming and requires adjusting your tuition as well)
- you will **NOT** be able to change your schedule **after May 13th for 1st block/15-week session, or July 2nd for 2nd block**

Parents agree to inform the Wee Care Center:

- if their address, phone numbers, or employment changes during the semester.
- If their child has a communicable disease
- Regarding immunization updates
- If you need extra study hours **IN ADVANCE and on approval** (you will be charged the full rate of 2.75 an hour per child.)
- If you are **withdrawing** from the Wee Care Center. If we have not heard from you and you have not attended for **1 week** we will assume you no longer need our services and your schedule will be **dropped**. **MAKE SURE YOU INFORM THE OFFICE OF ANY CHANGES, ILLNESS OR REASONS FOR NOT ATTENDING IMMEDIATELY**

Parents agree to complete 8 Volunteer hours:

- Before the end of the semester (or you may **NOT** be accepted into the program the next semester)
- You can pay \$6.00 towards the Kids Club and receive 3 free volunteer hours.
- Four of your eight volunteer hours must be completed at the center.

I Understand that the Wee Care Center IS NOT RESPONSIBLE FOR LOST PERSONAL ITEMS.

Signature of Parent or Guardian

Date

About Me!

Please take the time to fill out this form. Knowing information about your child is very helpful to our teachers. Thanks!

Childs Name: _____ Age _____

Nickname: _____

Favorite Games: _____

Favorite Activities: _____

Special Talents: _____

Nap Time Routines: _____

Meal Time Routines: _____

Interesting Things About Me and my family: _____
