

## Wee Care Center Admission Agreement

### Child Information

Name		Date of Birth/Gender	
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### Student - Parent information

Name			
Phone Number			
Email Address	(we will only accept UVU emails)		
Address		City, State, Zip	
UVU ID Number			

### Parent 2 Information

Name			
Phone Number			
Email Address			
Physical Address			
UVU ID Number			

### Emergency Contacts and Sign Out Authorization

In the event of an emergency, if the provider is unable to get in touch with me in a timely manner. I give my permission for Wee Care to contact the following people. I also give the following permission to sign my child out from the program.

Name	Relationship to child	Phone Number

## Out-of-Area Emergency Contact

*In the event of an emergency, if the Wee Care Center is unable to get in touch with me or any of the people listed above in a timely manner, I give my permission for them to contact the following person who lives out-of-area.*

Name	Phone Number

## Emergency Transportation and Medical Treatment Permission

*In case of an emergency, I understand Wee Care Center staff will attempt to contact me immediately. I authorize the Center staff to administer first aid and or CPR as needed. If necessary, I give permission for Wee Care Center to obtain emergency medical care and/or emergency medical transportation for my child. In the event of an emergency evacuation of the Center, I authorize the Center staff to transport my child to a local emergency shelter.*

Signature	Date Signed

## Terms of Service

*If my child is accepted into the Wee Care Center, I understand that I am required to read and comply with all policies and procedures outlined in the current Parent Handbook, available at <https://wee.uvu.edu/weecare/docs/handbook.pdf>. I acknowledge that the current Parent Handbook is incorporated into all acknowledgments and may be updated from time to time. I accept that it is my responsibility to review the handbook regularly and ensure I am reading the most current version. I understand that I am required to complete and sign the UVU Wee Care Financial Agreement, which is also incorporated into all acknowledgments.*

*I represent and warrant that I am the parent or legal guardian of the minor named above and that I have the legal right, power, and authority to consent to these Acknowledgments; I hereby accept, consent to, and approve in all respects the terms and conditions of Acknowledgments.*

Signature	Date Signed

## Financial Agreement

*I will receive a financial agreement listing an hourly rate that may include a Parents in School Grant subsidy. If I am deemed ineligible for the grant, my tuition rate will default to \$6.00 per hour per child. I acknowledge that I will read and abide with all Financial Terms and Acknowledgements listed on my Financial Agreement.*

Signature

Date Signed

## Tuition

*I understand tuition charges must be paid through the Smartcare parent app and are currently expected to be paid in full 30 days from the first day of classes for the semester. In the event this full payment is not possible, I understand that it is my responsibility to contact the Wee Care Center before the deadline to request a payment plan, in which case the payment will be divided into three or four payments, depending on the particular semester, that will be due on the first day of each month.*

*Payments can be made with an ACH (electronic bank to bank transfer) or a credit card.*

*I understand a non-refundable service fee of 2.85% will be added to any credit card payments. Unpaid accounts (defined as outstanding balances of any amount by the final day of the semester) will be referred to UVU collections, incur at \$75 collections fee in addition to the amount owed, and will result in a hold placed on my academic record. I acknowledge that it is my role as the account holder to regularly review my account to ensure that all fees are paid in full.*

Signature

Date Signed

## Schedule Changes, Withdraw Deadline, and Late Fees

*If I need to do a schedule change, I will email Wee Care a new Childcare Schedule Request form. I acknowledge schedule changes can take up to two weeks to process, will be reviewed on a case-by-case basis, and are NOT guaranteed. I understand no schedule changes will be accepted after UVU's Last Day to Drop. I understand I will be charged at the \$6.00 per hour per child rate for any Childcare Schedule Requests in excess of allotted childcare hours.*

*If I withdraw my child from Wee Care before UVU's Last Day to Drop I will be charged \$6.00 an hour for the time my child was scheduled to be in Center. I understand schedule changes are not accepted after UVU's Last Day to Drop and I will be financially responsible for the total childcare cost listed on my financial agreement if I withdraw my child from Wee Care after this date.*

*I will be charged a late fee of \$2.00 per minute per child fee if my child is dropped off or picked up outside my scheduled time. If my child is left beyond normal WCC operating hours, I will be charged an additional \$2.00 per minute per child fee.*

Signature	Date Signed

**Behavioral Expectations and Client Rights**

*I have been informed through reading the Parent Handbook found on the Wee Care Center's website of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are:*

- To be informed of our rights
- To be treated with dignity, respect, and fairness
- To be free from potential harm or acts of violence.
- To be free from discrimination
- To be free from abuse, neglect, mistreatment, exploitation, and fraud.
- To have equal access to food, shelter, and health services.
- To be free from retaliation for reporting any violation to our rights. To privacy of current and closed records.
- To communicate and visit with family attorneys, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutical contraindicated or court restricted.

Signature	Date Signed

I attest that the information I have provided in this form is accurate and up-to-date.

Name	Date
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## Summer 2026 Childcare Schedule Request

Understanding your eligibility is key to requesting childcare hours. Your requested hours should reflect the following criteria:

- Students taking face-to-face classes receive priority scheduling, especially during peak hours if request is received by 3/30/2026.
- Full-time students may request hours equal to their credit hours PLUS 10 hours.

Example: 12 credit hours = up to 22 subsidized weekly childcare hours.

- Part-time students may request childcare hours equal to their credit hours PLUS 5 hours. Example: 6 credit hours = up to 11 subsidized weekly childcare hours.

Wee Care's operating hours are from 7:30 a.m. to 6:00 p.m. We schedule children on the 15-minute clock, so 00, 15, 30, 45. You should factor in at least 30 minutes of travel time before and after class. Keep in mind, that there will be charges for early drop-off and late pick-ups. Due to lunchtime, there is no drop-off or pick-up **between 12:00pm-12:30pm**

Student-Parent Name:		Additional Parent Name: (if registered for classes)	
UVU ID		UVU ID	
<b>Check box if you anticipate additional childcare hours that aren't included in this request to fulfill an internship or practicum required for your program.</b>			

If you apply by Mar. 30 and the requested hours are unavailable, we will contact you via phone or email before April 14, 2026. If you apply after Mar. 30, we will process your request based on space availability.

- Schedule changes can be submitted until UVU's Last Day to Drop (5/27/26). Each family may request one schedule change per semester at no cost. Any additional schedule changes will be charged a \$25 processing fee.

\*For students whose program requires an internship or field work to complete their degree, please have your advisor or instructor email us the required weekly hours. The email should be sent to [WeeCareCenter@uvu.edu](mailto:WeeCareCenter@uvu.edu).

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Semester Schedule May 6-Aug. 7					
First Block Schedule May 6 - Jun. 24					
Second Block Schedule Jun. 25 - Aug. 7					

# Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

**Enrollment Date:**

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **State Foster care** and children who meet the definition of **Homeless, Migrant, Runaway** or **participate in Head start programs** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information

Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (Include ALL hours the child might be in care)							Head Start	Foster Child	Runaway Homeless Migrant	
		Arrival Time	Departure Time	M	T	W	T	F				S

## STEP 2 Do any of the Household Members (including you) currently participate in one or more of the following eligible assistance programs?: If NO > Go to STEP 3

**A.** This box indicates which program applicant is enrolled in.      **B.** Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)      **C.** Enter case number of the selected assistance program in this space

1. School/Child Care      1. SNAP, TANF-FAP, FDPIR     

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.      \$   
Weekly      By-weekly      2x Month      Monthly     

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report **total gross income** (before taxes) for each source in **whole dollars** (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/ Retirement. Other income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (children and Adults)       Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member                    Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

                      

Street Address (if available)      City      State      Zip code      Daytime Phone and Email (optional)

          

Printed name of adult signing the form      Signature of adult      Today's Date

**INSTRUCTIONS** Sources of Income

Sources of income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's Benefits	-A child is blind or disabled and receives Social Security benefits  -A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the U.S. Military:  Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals

Ethnicity (check one):  Hispanic or Latino  Not hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
 fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

**Do not fill out** For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income 

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Household Size  Categorical Eligibility 

Free	Reduced	Paid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

**Child Health Assessment**  
(One form for each child)

Child Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

I authorize the child care staff and my health professional to communicate directly if needed to clarify information on this form about my child. I also authorize Wee Care personnel to seek medical treatment for my child in the event of a medical emergency.

Parent's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

THIS DOCUMENT PROVIDES VALUABLE INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. PLEASE ANSWER ALL SECTIONS.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. Describe any medical conditions you child has such as, asthma, diabetes, seizures, developmental delays, physical impairments, behavioral or emotional problems.

None

DESCRIBE ALL MEDICATION AND/OR ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND/OR SPECIAL DIET. The Wee Care Center will only administer life saving medications such as EpiPens, inhalers, insulin, etc. If your child requires life saving medications you will need to meet with the administration to give instruction on administrating medication(s). All medications a child receives should be listed below in the event the child requires emergency medical care. Attach additional sheets if necessary.

None

CHILD ALLERGIES OR SENSITIVITY TO FOODS (Describe the treatment/ special diet that will be required if any). If your child has allergies to dairy, gluten products, or requires a vegan diet you will need to talk with the Operations Manager to discuss what accommodations can be made.

None

LIST ANY HEALTH CONCERNS OR SPECIAL ABILITIES AND RECOMMENDED TREATMENT/ SERVICE. Attach any additional sheets if necessary to describe the plan of care that should be followed for the child. Including indication of special training required for staff, equipment, and provision for emergencies. If your child has special abilities you will need to meet with the administration to determine if we can provide the care your child requires.

None

**TOPICAL OINTMENTS**

Parents are responsible to apply sunscreen on their child(ren) before they are dropped off at Wee Care. Children who have been in care before the afternoon outside time will have sunscreen applied by center staff before they go outside after nap/quiet time.

Check box if you do not want the Center to apply sunscreen on your child.

LIST THE NAME AND APPLICATION INSTRUCTIONS FOR EACH OINTMENT YOU WILL BE SUPPLYING.

I give permission to the Wee Care Center to apply the following parent provided ointments that are CLEARLY LABELED WITH MY CHILD'S NAME. Please note that ointments will be kept at the Center for the duration of the semester.

None

Ointment #1 \_\_\_\_\_

Ointment #2 \_\_\_\_\_

Ointment #3 \_\_\_\_\_

# Immunization Record

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Children enrolled in Early Childhood Programs must be immunized appropriately for their age with the following immunizations:

Record the month, day, and year for each vaccine dose that was given.

Vaccine	1st	2nd	3rd	4th	5th/ last	Exemption
Hepatitis A (HAV) 1st dose must be received on or after the 1st birthday.						
Hepatitis B (HBV)						
Pneumococcal (PCV)						
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.						
Polio (IPV or OPV)						
Haemophiles influenzae type b (Hib)						
DTap, DTP, DT, Td, Tdaap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertusis)						
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday.						

Proof of immunity to disease (s) can be accepted in place of vaccination only if a document is presented to Weecare from a healthcare provider saying the child previously contracted the disease.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, their legally responsible is to complete an online immunization education module at: [immunize.utah.gov](http://immunize.utah.gov) or in-person consultation at a local health department. A copy of the certificate must be presented to Wee Care.

Authorized Signature: \_\_\_\_\_

The immunization record received for this child was provided by the parent/ guardian. Signing this form states that I have transferred the immunization record that was provided by a health care provider or the health department. If an immunization record is questioned I will provide a copy of the original document to the Weecare Center.

# Check in and out Form

This agreement will give the UVU Wee Care Center permission to clock my child/children in and out electronically if I or those on my account do not have access to the Smartcare app.

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Semester & Year \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ (Please Print)



Parent/Guardian Signature \_\_\_\_\_