



Preschool and 4K Enrollment Packet and Letter from UADC's Director

Welcome to University Avenue Discovery Center! At UADC, we thrive when our community is connected. As we embark upon the start of a new year, we would like to extend our hand to welcome you to approach your teachers and administrative staff whenever you feel the need to discuss issues of importance to your family – we love to talk about your children and their ideas, interests, progress, and are thrilled to share in these important moments of growth during these critical early years.

We take your needs seriously and strive to implement any feedback you give, in order to uphold our vision to, “Empower children to boldly explore and compassionately interact with their world”. Our door is always open for conversation, visits, volunteers, and drop-ins. Our home is your home.

Attached you will find the necessary paperwork for 2020-2021 enrollment. Please complete this packet as soon as you are able, and return a hard copy to the UADC office to ensure your space in our program. If you have any questions or need further assistance, please feel free to contact our office at (608) 233-5371 or manager@uadc.org.

We are excited that your family chose the UADC community and we look forward to getting to know you better!

Sincerely,

Mary Niec, Executive Director

2020-2021 School Year Schedule

❖ The first day of school is September 1st, 2020.

WADC closure dates for the 2020-2021 school-year (regular tuition applies during these dates)*:

- September 7th 2020 - Labor Day
- November 26th -27th 2020 - Thanksgiving and Day After
- December 21st 2020 - January 2nd 2020 - Winter Break (Aligned with WMSD)
- January 20th 2021 - Martin Luther King Jr. Birthday
- March 29th - April 2nd 2021 - Spring Break (Aligned with WMSD)
- May 25th 2021 - Memorial Day
- July 5th 2021- Independence Day
- August 23rd - 27th 2021 - School Year Preparation

*Please see our Family Handbook Agreement attached for more information about center closings due to weather conditions.

UADC Contract Agreement – Month-To-Month

You are required to pay tuition **in advance** of the care given. Tuition is due on or before the first of the month prior to services provided. Make checks payable to: UADC or University Avenue Discovery Center. Please put your child's name in the memo to ensure that it is posted to the correct account.

Child's Name : _____ Child's Birthdate: _____

I/we, _____ and _____, agree to pay tuition as detailed below. All tuition for my child's care and education is due on or before the first of the month prior to services provided. Tuition is paid on a MONTHLY basis. A \$35 late fee will be applied to your account if tuition is not paid within the first 7 days of each month.

A tuition deposit equal to one month's tuition is due with the Enrollment Application documents. The deposit is applied to the last month of the contract completion. A waiting list is maintained in order of receipt of applications. Families have the option of signing a 12-, 9-, or month-to-month contract at adjusted rates. A family is required to submit a 30 day notice if planning to withdraw from the program. Two weeks notice is required for a schedule change, for instance moving from 2 day to 4 day contract. A family leaving prior to the completion of its contract date may relinquish all or part of its deposit as a penalty for early withdrawal and breach of contract on a case by case basis. We understand that our families' plans may change and strive to balance your unique situations with our need to plan budgets, create schedules and foster a stable community for our students, faculty, and staff.

I/we _____ (initials) understand that payments do not change when UADC is closed for holidays, in-service, or center improvement days. No credit will be given for days absent due to illness, vacations, emergencies, or when UADC/MMSD is closed for inclement weather. In addition, payments must be kept up-to-date in order for my child to attend. Failure to keep my account current will result in termination of my child's/children's enrollment at UADC and/or legal action to recover unpaid tuition. Vacation credit does not apply to Month-To-Month contracts.

Weekly Schedule	UADC Monthly Rates –Monthly Contract PLEASE CIRCLE SCHEDULE						
FULL DAYS Starting September 1 st , 2020							
5 days	\$1,450.11	M	T	W	R	F	7:15 am – 5:30 pm
4 days	\$1217.80	M	T	W	R	F	7:15 am – 5:30 pm
3 days	\$1092.62	M	T	W	R	F	7:15 am – 5:30 pm
2 days	\$952.60	M	T	W	R	F	7:15 am – 5:30 pm
HALF DAYS Starting September 1 st , 2020							
5 AMs	\$1,141.42	M	T	W	R	F	7:15 am-1:00 pm
4 AMs	\$952.60	M	T	W	R	F	7:15 am-1:00 pm
3 AMs	\$757.41	M	T	W	R	F	7:15 am-1:00 pm
2 AMs	\$530.19	M	T	W	R	F	
5 PMs	\$856.07	M	T	W	R	F	1:00 pm – 5:30 pm
4 PMs	\$714.45	M	T	W	R	F	1:00 pm – 5:30 pm
3 PMs	\$586.06	M	T	W	R	F	1:00 pm – 5:30 pm
2 PMs	\$397.64	M	T	W	R	F	1:00 pm – 5:30 pm
4K ONLY		M	T	W	R	F	9:00 am – 11:30 pm

PLEASE CIRCLE CHOSEN SCHEDULE Add a day rates: \$75 for a full day, \$45.00 for half day

I agree to make tuition payments based on a month-to-month contract commitment on or before the first of each month. I also agree to pay the \$50 annual administrative fee with my contract election.

I/We have read the above and by my/our signature below, understand and agree to the above terms and rates for my/our child's enrollment at University Avenue Discovery Center.

Caregiver1: Signed _____ Printed _____ Date _____

Co-Caregiver2: Signed _____ Printed _____ Date _____

If you have any specific questions or concerns or if you need clarification, feel free to contact us at any time.

Sincerely,
University Avenue Discovery Center

**UADC Contract Agreement – 9-Month 4K Only
September 1, 2020 - May 31, 2021**

Enrollment in 4K only with UADC is fully dependent upon your child’s qualification and subsequent timely enrollment in the public 4k program through the Madison Metropolitan School District. Failure to qualify for 4k through MMSD, or failure to enroll in the MMSD 4k program by their deadline will result in your full responsibility for the charges associated with your child’s care and education (please see the rates below).

Child’s Name : _____ Child’s Birthdate: _____

I/we, _____ and _____, agree to pay tuition (if necessary) as detailed below. All tuition for my child’s care and education is due on or before the first of the month prior to services provided. Tuition is paid on a MONTHLY basis. A \$35 late fee will be applied to your account if tuition is not paid within the first 7 days of each month.

Should you become liable for your child’s tuition, a tuition deposit equal to one month’s tuition will be due immediately. The deposit is applied to the last month of the contract completion. A waiting list is maintained in order of receipt of applications. Families have the option of signing a 12-, 9-, or month-to-month contract at adjusted rates. A family is required to submit a 30 day notice if planning to withdraw from the program. Two weeks notice is required for a schedule change, for instance moving from 2 day to 4 day contract. A family leaving prior to the completion of its contract date may relinquish all or part of its deposit as a penalty for early withdrawal and breach of contract on a case by case basis. We understand that our families’ plans may change and strive to balance your unique situations with our need to plan budgets, create schedules, and foster a stable community for our students, faculty, and staff.

I/we _____ (initials) understand that payments do not change when UADC is closed for holidays, in-service, or center improvement days. No credit will be given for days absent due to illness, vacations, emergencies, or when UADC/MMSD is closed for inclement weather. In addition, payments must be kept up-to-date in order for my child to attend. Failure to keep my account current will result in termination of my child’s/children’s enrollment at UADC and/or legal action to recover unpaid tuition. Vacation credit does not apply to 9-Month contracts.

Weekly Schedule	UADC Monthly Rates –9 Month 4K Contract						PLEASE CIRCLE SCHEDULE
FULL DAYS Starting September 1 st , 2020							
5 days	\$1,401.21	M	T	W	R	F	7:15 am – 5:30 pm
4 days	\$1,169.00	M	T	W	R	F	7:15 am – 5:30 pm
3 days	\$1,043.83	M	T	W	R	F	7:15 am – 5:30 pm
2 days	\$909.11	M	T	W	R	F	7:15 am – 5:30 pm
HALF DAYS Starting September 1 st , 2020							
5 AMs	\$1092.62	M	T	W	R	F	7:15 am-1:00 pm
4 AMs	\$909.11	M	T	W	R	F	7:15 am-1:00 pm
3 AMs	\$724.53	M	T	W	R	F	7:15 am-1:00 pm
2 AMs	\$507.17	M	T	W	R	F	7:15 am-1:00 pm
5 PMs	\$819.47	M	T	W	R	F	1:00 pm – 5:30 pm
4 PMs	\$681.83	M	T	W	R	F	1:00 pm – 5:30 pm
3 PMs	\$543.09	M	T	W	R	F	1:00 pm – 5:30 pm
2 PMs	\$380.38	M	T	W	R	F	1:00 pm – 5:30 pm
4K ONLY		M	T	W	R	F	9:00 am – 11:30 pm

PLEASE CIRCLE CHOSEN SCHEDULE Add a day rates: \$75 for a full day, \$45.00 for half day

I agree to make tuition payments based on a 9-month contract commitment on or before the first of each month. I also agree to pay the \$50 annual administrative fee with my contract election.

I/We have read the above and by my/our signature below, understand and agree to the above terms and rates for my/our child’s enrollment at University Avenue Discovery Center.

Caregiver1: Signed _____ Printed _____ Date _____

Co-Caregiver2: Signed _____ Printed _____ Date _____

If you have any specific questions or concerns or if you need clarification, feel free to contact us at any time.
Sincerely, University Avenue Discovery Center

**UADC Contract Agreement -- 9-Month
September 1, 2020 - May 31, 2021**

You are required to pay tuition **in advance** of the care given. Tuition is due on or before the first of the month prior to services provided. Make checks payable to: UADC or University Avenue Discovery Center. Please put your child's name in the memo to ensure that it is posted to the correct account.

Child's Name : _____ Child's Birthdate: _____

I/we, _____ and _____, agree to pay tuition as detailed below. All tuition for my child's care and education is due on or before the first of the month prior to services provided. Tuition is paid on a MONTHLY basis. A \$35 late fee will be applied to your account if tuition is not paid within the first 7 days of each month.

A tuition deposit equal to one month's tuition is due with the Enrollment Application documents. The deposit is applied to the last month of the contract completion. A waiting list is maintained in order of receipt of applications. Families have the option of signing a 12-, 9-, or month-to-month contract at adjusted rates. A family is required to submit a 30 day notice if planning to withdraw from the program. Two weeks notice is required for a schedule change, for instance moving from 2 day to 4 day contract. A family leaving prior to the completion of its contract date may relinquish all or part of its deposit as a penalty for early withdrawal and breach of contract on a case by case basis. We understand that our families' plans may change and strive to balance your unique situations with our need to plan budgets, create schedules, and foster a stable community for our students, faculty, and staff.

I/we _____ (initials) understand that payments do not change when UADC is closed for holidays, in-service, or center improvement days. No credit will be given for days absent due to illness, vacations, emergencies, or when UADC/MMSD is closed for inclement weather. In addition, payments must be kept up-to-date in order for my child to attend. Failure to keep my account current will result in termination of my child's/children's enrollment at UADC and/or legal action to recover unpaid tuition. Vacation credit does not apply to 9-Month contracts.

Weekly Schedule	UADC Monthly Rates --9 Month Contract						PLEASE CIRCLE SCHEDULE
FULL DAYS Starting September 1 st , 2020							
5 days	\$1,401.21	M	T	W	R	F	7:15 am – 5:30 pm
4 days	\$1,169.00	M	T	W	R	F	7:15 am – 5:30 pm
3 days	\$1,043.83	M	T	W	R	F	7:15 am – 5:30 pm
2 days	\$909.11	M	T	W	R	F	7:15 am – 5:30 pm
HALF DAYS Starting September 1 st , 2020							
5 AMs	\$1092.62	M	T	W	R	F	7:15 am-1:00 pm
4 AMs	\$909.11	M	T	W	R	F	7:15 am-1:00 pm
3 AMs	\$724.53	M	T	W	R	F	7:15 am-1:00 pm
2 AMs	\$507.17	M	T	W	R	F	7:15 am-1:00 pm
5 PMs	\$819.47	M	T	W	R	F	1:00 pm – 5:30 pm
4 PMs	\$681.83	M	T	W	R	F	1:00 pm – 5:30 pm
3 PMs	\$543.09	M	T	W	R	F	1:00 pm – 5:30 pm
2 PMs	\$380.38	M	T	W	R	F	1:00 pm – 5:30 pm
4K ONLY		M	T	W	R	F	9:00 am – 11:30 pm

PLEASE CIRCLE CHOSEN SCHEDULE Add a day rates: \$75 for a full day, \$45.00 for half day

I agree to make tuition payments based on a 9-month contract commitment on or before the first of each month. I also agree to pay the \$50 annual administrative fee with my contract election.

I/We have read the above and by my/our signature below, understand and agree to the above terms and rates for my/our child's enrollment at University Avenue Discovery Center.

Caregiver1: Signed _____ Printed _____ Date _____

Co-Caregiver2: Signed _____ Printed _____ Date _____

If you have any specific questions or concerns or if you need clarification, feel free to contact us at any time.

Sincerely,

University Avenue Discovery Center

**UADC Contract Agreement – 12-Month
September 1, 2020 - Aug 31, 2021**

You are required to pay tuition **in advance** of the care given. Tuition is due on or before the first of the month prior to services provided. Make checks payable to: UADC or University Avenue Discovery Center. Please put your child's name in the memo to ensure that it is posted to the correct account.

Child's Name : _____ Child's Birthdate: _____

I/we, _____ and _____, agree to pay tuition as detailed below. All tuition for my child's care and education is due on or before the first of the month prior to services provided. Tuition is paid on a MONTHLY basis. A \$35 late fee will be applied to your account if tuition is not paid within the first 7 days of each month.

A tuition deposit equal to one month's tuition is due with the Enrollment Application documents. The deposit is applied to the last month of the contract completion. A waiting list is maintained in order of receipt of applications. Families have the option of signing a 12-, 9-, or month-to-month contract at adjusted rates. A family is required to submit a 30 day notice if planning to withdraw from the program. Two weeks notice is required for a schedule change, for instance moving from 2 day to 4 day contract. A family leaving prior to the completion of its contract date may relinquish all or part of its deposit as a penalty for early withdrawal and breach of contract on a case by case basis. We understand that our families' plans may change and strive to balance your unique situations with our need to plan budgets, create schedules, and foster a stable community for our students, faculty, and staff.

I/we _____ (initials) understand that payments do not change when UADC is closed for holidays, in-service or center improvement days. No credit will be given for days absent due to illness, vacations, emergencies or when UADC/MMSD is closed for inclement weather. In addition, payments must be kept up-to-date in order for my child to attend. Failure to keep my account current will result in termination of my child's/children's enrollment at UADC and/or legal action to recover unpaid tuition. Parents who sign a 12-Month Contract Agreement are allowed one week (up to 5 consecutive days) of their choosing within the contract period free of tuition payment. This does not apply to 9-Month or Month-to-Month Contract Agreements.

Weekly Schedule	UADC Monthly Rates – 12 Month Contract PLEASE CIRCLE SCHEDULE						
	FULL DAYS Starting September 1 st , 2020						
5 days	\$1,297.34	M	T	W	R	F	7:15 am – 5:30 pm
4 days	\$1,120.20	M	T	W	R	F	7:15 am – 5:30 pm
3 days	\$989.73	M	T	W	R	F	7:15 am – 5:30 pm
2 days	\$865.61	M	T	W	R	F	7:15 am – 5:30 pm
	HALF DAYS Starting September 1 st , 2020						
5 AMs	\$1,043.83	M	T	W	R	F	7:15 am-1:00 pm
4 AMs	\$865.61	M	T	W	R	F	7:15 am-1:00 pm
3 AMs	\$687.40	M	T	W	R	F	7:15 am-1:00 pm
2 AMs	\$481.18	M	T	W	R	F	7:15 am-1:00 pm
5 PMs	\$782.87	M	T	W	R	F	1:00 pm – 5:30 pm
4 PMs	\$649.21	M	T	W	R	F	1:00 pm – 5:30 pm
3 PMs	\$515.55	M	T	W	R	F	1:00 pm – 5:30 pm
2 PMs	\$360.88	M	T	W	R	F	1:00 pm – 5:30 pm
4K ONLY		M	T	W	R	F	9:00 am – 11:30 pm

PLEASE CIRCLE CHOSEN SCHEDULE Add a day rates: \$75 for a full day, \$45.00 for half day

I agree to make tuition payments based on a 12-month contract commitment on or before the first of each month.

I also agree to pay the \$50 annual administrative fee with my contract election.

I/We have read the above and by my/our signature below, understand and agree to the above terms and rates for my/our child's enrollment at University Avenue Discovery Center.

Caregiver1: Signed _____ Printed _____ Date _____

Co-Caregiver2: Signed _____ Printed _____ Date _____

If you have any specific questions or concerns or if you need clarification, feel free to contact us at any time.

Sincerely,
University Avenue Discovery Center

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

First Day of Attendance

PARENT OR GUARDIAN – 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.

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?
 Yes No

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?
 Yes No

Place of Employment and Work Phone No.

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

AUTHORIZATIONS

- 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 give permission for my child to participate in Transported Walking field trips 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 enrolled 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.

SIGNATURE – Parent or Guardian

Date Signed

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI) Birthdate (mm/dd/yyyy) First Day of Attendance (mm/dd/yyyy)

Home Address (Street, City, State, Zip Code)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name Medical Facility Address Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma
- Cerebral palsy / motor disorder
- Other condition(s) requiring special care – Specify.
- Diabetes
- Epilepsy / seizure disorder
- Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
- Gastrointestinal or feeding concerns, including special diet and supplements
- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).
- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

 SIGNATURE - Parent, Guardian or Legal Custodian

 Date Signed

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4. and DCF 251.04(6)(a)8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other HealthCheck provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other HealthCheck Provider

Date of Examination

UADC Family Handbook Agreement Form

I, _____ certify that I have received the University Avenue Discovery Center Caregiver Handbook. I have read and understand the policies contained in the Family Handbook including:

UADC Tuition Policy:

- 1) Payments are due on or before the first day of attendance.
- 2) A late fee of \$35 will be assessed for tuition that is over two weeks.
- 3) Tuition that is 30 days late results in a warning letter in addition to the \$35 charge for late payment. Tuition that is 60 days late results in a suspension of service via letter and/or phone call to parent(s). Tuition that is 90 days late (no attempt to pay to reinstate child attendance, no payment plan) is sent to a Collections Agency with an additional 15% fee for services.

UADC Pick-up Policy:

- 1) UADC is licensed to operate between 7:15 am and 5:30 pm. Because of potential liability regarding licensing and staff members' personal obligations, UADC cannot accept responsibility for children after this time.
- 2) If a parent is late, the person picking up the child is required to sign a late pick-up form with the number of minutes recorded (according to the classroom clock). A late fine of \$1 per minute will be assessed this fee goes directly to the educator responsible for your child at that time.
- 3) Parking is available for drop-off and pick-up along Lathrop Street in the loading zone. Additionally, parking for events is available at local UW Madison lots found here: <https://transportation.wisc.edu/campus-maps/>

UADC Sick Policy:

- 1) Criteria for attendance after illness
 - a. Children will be re-admitted when free of symptoms of illness-induced fever, vomiting or diarrhea for 24 hours.
 - b. Madison Public Health re-admission policies will be followed for contagious skin diseases which must be treated (impetigo, conjunctivitis, scabies, lice and nits). In cases of recurring symptoms, a second physician's statement may be required.
 - c. Children should be well enough to participate fully in the program, including active play both in/outdoors, field trips, etc.

UADC Weather and Other Center Closings:

- 1) Please be advised that UADC may close when Madison Metropolitan School District closes due to weather conditions. On days when MMSD is not in session, closure due to inclement weather will be broadcast over major television and radio stations. Anytime we close the center, we take into account the extreme inconvenience this causes families. Thus, we will only close when there is an extreme safety concern for staff, children and families.

I _____ agree to abide by the above policies in addition to all of the policies listed in the Family Handbook. Any concerns or questions regarding these policies will be delivered in writing, to the Executive Director or the Executive Board. Any changes to the policies will be discussed at the monthly Board meetings and will be decided upon in that forum. Changes will be presented to all parents via e-mail or paper copy.

Parent Signature
Date

UADC Technology/Social Media Policy

As Early Childhood Educators at University Avenue Discovery Center, we recognize the pros and cons of using technology (i.e. tablets, computers, digital cameras, and cell phones). The following guidelines are in place to ensure appropriate use of these tools to protect the integrity and best practice of our center.

UADC upholds the position statement on technology put forth by the National Association for the Education of Young Children, which states that,

“Interactive media may be used in the classroom to promote effective learning and development when they are used intentionally by educators.”

Educators will continue to monitor and apply latest research findings in child development as they relate to technology, especially in the field of health and developmental effects as they related to the use of technology and children.

Photography and Images:

The reason/goal of photos and videos used within the classroom setting are to enhance learning, share experiences with peers, assist with authentic assessment of the child’s development through play, and contribute to the community that the children create with one another. These images will not be used for monetary gain nor will they be created/used without the signature permission of the parent(s) who is (are) enrolling their child into our program. We ask that parents understand that photographs and videos are a standard occurrence within the program and therefore as a center we will obtain parental permission at the time of enrollment.

Social Media Use at UADC:

- Educators in the classroom will use technology to communicate with families during planning times, classroom meetings, and nap times.
- UADC Administration will use technology and photographs to connect and enhance our school community through our school Facebook page and webpage.

_____ Yes - Use my child’s photograph in private groups (for instance emails) to families AND social media or other marketing tools. Parent Signature: _____ Date: _____

_____ Yes - Use my child’s photograph in private family groups.

Parent Signature: _____ Date: _____

_____ No, please do not use my child’s photograph for any purpose.

Parent Signature: _____ Date: _____

Optional Lotion and Lip Balm Permission

*Lotion and lip balm must be labeled with student's name.

Effective June 1, 2020-June 1, 2021

Lotion

The teachers, assistants, and volunteers at U.A.D.C have my permission to apply _____ lotion to my child, _____ after hand washing
(Brand name of lotion) (Child's Name)

And/or when my child's skin appears to be dry.

Parent Signature: _____

Date: _____

Lip Balm

The teachers, assistants, and volunteers at U.A.D.C have my permission to apply _____ lip balm to my child, _____ when my child's
(Brand name of lip balm) (Child's Name)

lips appear to be chapped and/or dry.

Parent Signature: _____

Date: _____

Optional Sunscreen and Insect Repellent Permission

*Sunscreen and repellent must be labeled with student's name.

Effective June 1, 2020-June 1, 2021

Sunscreen Lotion (Please no aerosol sprays)

The teachers, assistants, and volunteers at U.A.D.C have my permission to apply _____ sunscreen to my child, _____.
(Brand name) (Child's Name)

*Staff apply sunscreen each afternoon before heading outside. Please apply sunscreen when you arrive with your child for drop-off during the days with heat index above 3.

Parent Signature: _____

Date: _____

Insect Repellent

The teachers, assistants, and volunteers at U.A.D.C have my permission to apply _____ repellent to my child, _____.
(Brand name) (Child's Name)

Please include frequency of application (Field trips only, each day outside, etc.)

* _____

Parent Signature: _____

Date: _____



Child and Family Information - Preschool

Child's Name: _____ Date of Birth: _____ Place of Birth: _____

Parent(s) Name: _____ Parent(s) E-Mail: _____

Today's Date _____

Child's Name _____

Child's Nickname, if any _____

Birthdate _____ Place of Birth _____

1. Important members of family i.e. step siblings, live-in grandparents etc.

Name	Age	Relationship	Does this person live with you?	Does your child have a special name for this person?

2. Growth and Development

Do you have concerns about any of the following? *

- Speech/Language Comments: _____
- Hearing Comments: _____
- Vision Comments: _____
- Development Overall Comments: _____
- Sleep Comments: _____

Additional comments about your child's growth and development: _____

*Paperwork takes some time to process. If you have concerns about the above items listed in Growth and Development, please let your Center Director know directly via email or phone right away, so we can properly prepare our environment and teachers well in advance in order to best accommodate your child. For the same reason, it is greatly helpful if you share any IEP through MMSD or similar documents that help us best serve your family.

- How does your child express happiness? _____
- How does your child express fear? _____
- How does your child express sadness? _____
- How does your child express tiredness? _____
- What methods do you use to comfort your child? _____

- Does your child like to be: Held ___ Sung to ___ Rocked ___ Read to ___ Other _____
- How does your child soothe/comfort themselves? _____
- How would you rate your child's social/play skills? For example, plays with others, takes turns with objects, not yet ready to share materials, parallel plays etc. _____

Additional comments about your child's growth, development and personal characteristics: _____

3. Behavioral/Emotional Characteristics

- Does your child have any lingering fears or situations in which they are uncomfortable?
Please elaborate: _____
- How would you describe your child? _____
- What frustrates your child? and how do they respond to frustrations? _____

4. Family Culture

Primary Language _____
 Secondary Language _____
 Does your child speak another language at home? _____
 With your extended family? _____

What traditions, objects or foods symbolize your family? _____

Why are these things important to you? What values or history do they represent? _____

What songs, rhymes, chants, stories, or toys could we include that would represent and support your home culture? _____

What heroes and/or celebrations could we include that would represent and support your home culture? _____

Would you be willing to come in and share your home culture with your child's class? _____

5. Health, Preferences, Body Rhythms

Has your child had any serious illnesses or operations?

How are meals served in your family? _____

What foods does your child like? _____

What food does your child dislike? * _____

*In cases of food accommodations including both allergies and alternate meal preferences or sensory concerns related to food, our chef needs ample time to prepare. Please speak with the Center Director via email or phone to establish a plan in addition to filling out these forms, and provide an Allergy Action Plan from your Health Care Provider (MyChart has printouts that can help us greatly)

What are your child's favorite activities? _____

How do you discipline your child? _____

If the items below come up in conversation, how do you discuss these?
Gender roles _____
Racial concerns _____

What words does your child use for urination and bowel movements? _____

Does your child need reminders to use the restroom? _____

Describe your child's sleeping and napping schedule and tendencies. _____

How do you put your child to sleep? _____

Describe your child's typical mood upon waking. Does your child like to be held, left to wake up alone etc.?) _____

What are the rules in your home? _____

6. What goals do you have for your child currently? _____



Individual Learning Plan (ILP)

Student Name: _____

Parent/Guardian Name: _____

LEARNING GOAL:

What learning goal/goals would you like your child to reach in the Preschool program?

What can each of us do to help your child achieve that goal?

What activities might make a difference?

SOCIAL-EMOTIONAL GOAL:

What social emotional goal/goals would you like to have your child learn in the Preschool program?

What can each of us do to help your child achieve that goal?

What activities might make a difference?

Dear Families:

UADC offers ACH withdrawal for tuition. You are not required to use this service, it's simply an option if you'd like to pay via automatic withdrawal. ACH withdrawal will start with the new school year and will be withdrawn the first day of each month or the next business day after. If you would like to take advantage of this option with no additional cost, please fill out the form below.

Account Information for ACH Tuition Payment Withdrawal		
Name on Bank Account	Child's Name	Account type Checking / Savings / Money Market
Bank Name	Routing Number	Account Number
Email Address	Contract Type 12 mo./ 9 mo. / Monthly	Number of days child attends _____ Full Days _____ Half Days
Accounts will be billed on the 1 st of each month unless otherwise noted. Please indicate if you would prefer monthly or semi-monthly billing.		

Sincerely,

UADC



Parent/Guardian Instructions:

Use a separate form for each enrolled child. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. This form can be used for three years for the same child, to meet the annual updating requirements.

GENERAL INFORMATION

Child's Name	Child Care Facility University Avenue Discovery Center (2019-2020)	Child's Age
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HOURS AND MEALS WHILE IN CARE

Days Normally in Care (Check ✓)	Hours Normally in Care				Meals Normally Received While in Care (Check ✓)					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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ANNUAL UPDATE 1

Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Additional Information

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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ANNUAL UPDATE 2

Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Additional Information

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or 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, audiotope, 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: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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