



## Summer 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 summer enrollment. Please complete this packet as soon as you are able, and return 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](mailto: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

### Summer Schedule

Block 1: June 11-June 26, 2020

Block 2: June 29 -July 24, 2020

Block 3: July 27-August 21, 2020

August 24-28 UADC closed for cleaning/training

UADC closure dates for the Summer

- July 3<sup>rd</sup>, 2020 – Independence Day

**UADC Contract Agreement - Summer Camp Program**

**June 11, 2020 - August 21, 2020**

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. Full Block tuition must be paid prior to the first day of attendance for that block. All tuition for my child's care and education is due on or before the Monday of the month that service is 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.

Tuition and activity fees for the last block selection are due with the Enrollment Application documents to serve as a deposit, as well as a one-time fee of \$35 for a student Bus Pass, **and a one-time registration fee of \$50.00**. The deposit is applied to the last four weeks of registered block enrollment. Contracts may be submitted immediately and will be locked-in as reserved spots. All Enrollment Application documents are due immediately to be considered enrolled. A waiting list is maintained in order of receipt of applications. 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 legal holidays, in-service or center improvement days. No credit will be given for days absent due to illness, vacations, or 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 Summer Camp contracts.

Circle Block(s) and Days Below:

*M T W Th F*

*M T W Th F*

*M T W Th F*

**Block 1: June 11-June 26, 2020\***

**Block 2: June 29 -July 24, 2020**

**Block 3: July 27-August 21, 2020**

**\*This short block will be prorated based on scale below**

Circle Daily Schedule Below:

Weekly Schedule	Summer Camp Contract Tuition Rates		
	Monthly Rate	Weekly Rate	Daily Rate
5 Days	\$1,000.00	\$250.00	\$50.00
4 Days	\$920.00	\$230.00	\$57.50
3 Days	\$860.00	\$215.00	\$71.67
2 Days	\$740.00	\$185.00	\$92.50

**A One-Block minimum is required. Part-Time options are dependent on enrollment and are not guaranteed. Priority is given to Full-Time enrollment. To add a day or change your schedule, written notice must be given a week in advance. UADC is happy to accommodate you when space is available. Add a day rate is \$75 for a full day.**

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. I understand that by signing this contract, I am reserving the blocks above for the Summer Camp Program. Whether or not my child attends these blocks, by signing I am obligated to pay for them.

Caregiver 1: Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

Co-Caregiver 2: 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
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**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.

- 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:** \_\_\_\_\_

Division of Early Care and Education  
DCF-F (CFS-0058) (R. 02/2009)

### Field Trip Or Other Activity Notification / Permission – Child Care Centers

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.04(6)(a)2., DCF 251.04(4)(a)4. and 251.04(6)(a)4., and DCF 252.41(4)(a)4. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. This form may be used both to notify parents of the specific date, time and destination of field trips which require the use of a vehicle and to obtain parental authorization for a child to participate in and be transported to and from a field trip. Note: The Child Care Enrollment form also contains a section for obtaining authorization from a parent to participate in field trips if the center chooses to use that form.

**Instructions:** Complete the form and submit to the parents / guardians for their signature prior to the date of the upcoming field trip.

Name – Center or Day Camp University Avenue Discovery Center		Name – Child	
Date(s) – Field Trip or Other Activity 6/11/2020-08/21/2020	Departure Time 9:30am	Estimated Return Time 4:00pm	
Destination-Activities in and around the city of Madison via Madison Metro. For example Children's Museum, UW Campus, Picnic Point, Eagle Height's Community Gardens	Arboretum, Madison City Parks, Monona Terrace, State Capita West High School local restaurants etc	Type of transportation: <input type="checkbox"/> Contracted vehicle <input type="checkbox"/> Center vehicle <input type="checkbox"/> Parent / volunteer vehicl <input checked="" type="checkbox"/> Public transportation	

Name – Center or Day Camp  
University Avenue Discovery Center

I authorize the facility listed above to take my child on a field trip or other activity on the date(s) indicated.

SIGNATURE – Parent or Guardian	Date
	Signed

## 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

<b>STEP 1</b>	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 <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If 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).

<sup>2</sup>If 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.

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

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> 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

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

### 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

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.

**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?  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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3. 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? \_\_\_\_\_

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

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

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

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

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4. Health, Body Rhythms

Has your child had any serious illnesses or operations?

How are meals served in your family? \_\_\_\_\_

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What foods does your child like? \_\_\_\_\_

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What food does your child dislike? \_\_\_\_\_

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Does your child have any food allergies or accommodations? If so, please be very specific. In cases of food accommodations, our chef needs ample time to prepare, and paperwork can take some time to process, so 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 phenomenal printouts that can help us greatly!)

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What are your child's favorite activities? \_\_\_\_\_

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How do you discipline your child? \_\_\_\_\_

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If the items below come up in conversation, how do you discuss these?

Gender roles \_\_\_\_\_

Racial concerns \_\_\_\_\_

What are your child's responsibilities at home? \_\_\_\_\_

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What are the rules in your home? \_\_\_\_\_

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5. What goals do you have for your child currently? \_\_\_\_\_

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We ask that you update us as the school year/summer unfolds as to topics your child is learning in school or interested in at home. In this way, we can plan activities that further this study.

Thank you so much for taking the time to complete this form. Please remember to take the time to update our school as any of the above areas change for your child.

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 <sup>st</sup> 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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- (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](mailto:program.intake@usda.gov)

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