

**UW Oshkosh Children's Learning and Care Center
Drop-In registration Form**

Child care requested for:

Date: _____ Time: from _____ to _____

Name of child(ren) _____ Age(s): _____

Name of Parent _____

Address

Street _____ City _____ Zip _____ Phone _____

List your location on the back of this form. If on campus, list the building name, room number and specific times for all locations. If off campus, list address, phone number and specific times for all locations.

Will anyone other than you be picking up your child(ren) from the Center? Yes ____ No ____

If yes: Name _____ Phone _____

Please state other person (not parents) who could pick up your child(ren) in the event of illness or other emergency, only if/when parent cannot be reached. Photo ID will be required.

Name _____ Phone _____

For children under 2-years-old, please write any special comments concerning care (i.e., feeding times, napping, etc.) and daily routines below:

For all children please list any allergies or special needs:

I hereby give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately. I also understand that my child is NOT COVERED by accident insurance while at the Children's Center.

I agree to pay the appropriate daily rate for my child's age group on the day that care is received.

Signature of Parent/Guardian _____ Date _____

Requests for Drop-In Care should be made with as much advance notice as possible. Acceptance of children for Drop-In Care is based on availability.