WAISMAN EARLY CHILDHOOD PROGRAM

Waisman Center University of Wisconsin-Madison 1500 Highland Ave S101 Madison, WI 53705 608/263-5760

APPLICATION FORM

Child's Name_____Gender_____Child's Birth Date_____

Projected Date of Enrollment: _____

Parent/Guardian _____ Home Phone #_____

Home Address _____ City _____State ____ Zip_____

Email: _____

Employer _____Work Hrs_____ Work Phone # _____

(UW) _____Faculty _____Academic Staff _____Classified Staff _____UW Student

Other Parent/Guardian _____Home Phone # _____

Home Address _____ City _____State ____ Zip_____

Email: _____

Employer _____Work Hrs_____Work Phone # _____

(UW) _____Faculty _____Academic Staff _____Classified Staff _____UW Student

Education Option Desired.....Select Time Preference (all times are five days/week)

_____7:30-5:30 ____7:30-3:30 _____7:30-12:30

The WECP serves typically developing children and those with special needs. Does your child have any special education needs? _____Yes _____No _____I am unsure

If you checked "yes" or "I am unsure", please explain: _____
_____ _____

A limited amount of scholarship money is available for tuition assistance (families must meet income requirements) and/or fees for therapy provided by WECP that are not paid for by third party reimbursement.

 Please check here if you are interested in additional information:

_____tuition assistance _____therapy assistance

A non-refundable $35.00 fee per family is required with this application to put your child(ren) on the waiting list. Please enclose fee with application and sent to address at top of page.

For office use only: Date RCVD:_____ CK#_____ Amount:_____ Deposited:_____