

Waisman Early Childhood Program



Meteors Summer 2018 Program

Mailing Address: WECP Meteors, 1500 Highland Ave, Madison WI 53705

Phone: (608) 263-5760; Fax (608) 263-5884; Email: [ershler@waisman.wisc.edu](mailto:ershler@waisman.wisc.edu); website <http://waisman.wisc.edu/wecep>

**Child Information**

Child's Name:	Birth date	Gender	Grade just completed
Youth T-shirt size: S M L			
Child's home address, street & zip code:			

**Parent/Guardian Information**

Name:	Name:
Relationship to Child:	Relationship to Child:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Address:	Work Address:
Work Phone:	Work Phone:
E-Mail:	E-Mail:
UW Affiliation: Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Classified <input type="checkbox"/> Student: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/>	UW Affiliation: Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Classified <input type="checkbox"/> Student: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/>
Which Session(s) do you want? (Please check shaded box)	<b>SESSION 1</b> June 18 to June 29
	<b>SESSION 2</b> July 2 to July 27 (no program Wednesday, July 4)
	<b>SESSION 3</b> July 30 to August 17
Which Daily Schedule do you want? (check 1)	<b>Monday through Friday 7:30-12:30</b>
	<b>Monday through Friday 7:30-3:30</b>
	<b>Monday through Friday 7:30-5:30</b>
<b>Session 1 Fees: (Due 6/1)</b> 7:30-12:30 \$445 7:30-3:30 \$680 7:30-5:30 \$763	<b>Session 2 Fees: (Due 7/1)</b> 7:30-12:30 \$890 7:30-3:30 \$1,360 7:30-5:30 \$1,525
<b>Session 3 Fees: (Due 8/1)</b> 7:30-12:30 \$668 7:30-3:30 \$1,020 7:30-5:30 \$1,144	

A non-refundable activity fee of \$ 50 (payable to WECP PTO) is due with your signed contract.

We welcome all children to our Summer Meteor Program. Please help us by providing the following information:

Does your child have any special needs? \_\_\_Yes \_\_\_No \_\_\_I am unsure

If you answered "Yes" or "I am unsure", please explain: \_\_\_\_\_

Name of person submitting this form: _____ Date: _____
Please submit your application to the address above with a \$25 application fee (waived for past and presently enrolled WECP children). All fees are due the first of each month.

Office - Date Received:
L: Meteors/Application revised.docx 3/18