

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)
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