



K3 PRE-ENROLLMENT FORM

UCC Early Learning Academy

K3 - 8:00 a.m. – 2:45 p.m., Monday to Friday

Date: _____

Child's Name: _____ DOB: _____ Sex: M F

Information of the parent or guardian responsible for child care expenses:

Parent/Guardian Name(s): _____

Relationship to Child: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Circle payment option you will use: **Wisconsin Shares** **Private Pay**

Date your child will begin attending: _____

Appointment to complete enrollment forms: _____ At: _____

Parent's Signature: _____ Date: _____



UCC Early Learning Academy

2210 W. Becher St. Milwaukee, WI 53215

Provider# 3000563563 Location# 002

Open Monday to Friday from 6:30 a.m. to 5:30 p.m.

Daycare Director: **Mirian Herrera (414) 645-7001**

Assistant Coordinator: **Amparo Espinoza (414) 645-7001**

Wisconsin Shares Questions: **Mara Lovo (414) 384-3100 ext. 4704**

Enrollment Specialist: **Sandra Astorga (414) 389-4765**

Please bring the following information to the enrollment appointment:

- Original Birth Certificate
- Medical Insurance Card (copy)
- 3 names and phone numbers of emergency contact (People authorized to pick-up your child in care of illness or emergency)
- Name, phone numbers, and address of personal physician
- Most recent immunization record
- Child health report