



Children's Center Interest Form

*This form is an indication of interest only in attending the University of Wisconsin-Children's Center. Completing this form does not mean your child has been accepted into the program.

Today's Date: _____

Child's Full Name: _____ Gender: Male Female

Child's Date of Birth: _____

Parent's / Guardian's Name: _____

Address: _____

Phone Number: Home _____ Work or Cell _____

Parent is: Student Faculty /Staff Community

Are you interested in Full or Part time Child Care? _____

Does your child have any special needs?

When would you be interested in starting at the Children's Center? _____

E-Mail form to children@uwec.edu or mail to UW-Eau Claire Children's Center
1616 Park Ave.
Eau Claire, Wi. 54701

Fax Number: 715-836-3921

Call Becky at 715-836-2178 if further information is needed