



Shiocton Child Care Center Wait List Enrollment Form

(One form per child)

Updated 01/02/19

Child's name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Parent Email Address: _____

Start Date _____

****Full day child care hours: Monday through Friday, 5:30 a.m. to 6:00 p.m. (maximum 10 hours per day).**

| Child Care Days/Hours Needed (must enroll for at least two (2) days) | | | | | |
|--|--------|---------|-----------|----------|--------|
| Days | Monday | Tuesday | Wednesday | Thursday | Friday |
| Approximate drop-off time | | | | | |
| Approximate pick-up time | | | | | |
| Before/After School Care | | | | | |
| Days | Monday | Tuesday | Wednesday | Thursday | Friday |
| Before School | | | | | |
| After School | | | | | |

****Before school hours: 5:30 a.m. to 7:45 a.m.**

****After school child care hours: 3:10 p.m. to 6:00 p.m.**

Will your child be attending year round child care? Yes No

Will your child need full-time/part-time summer child care? Full-time Part-time

Food Allergies: _____

Applicable Rates: Below are the applicable weekly and daily rates based on your child's age and days per week of child care services.

| AGE: | Full-time (5 days/week * max of 10 hours/day) | Part-time (4 days/week or less * max of 10 hours/day) |
|-----------------------------|---|---|
| 6 weeks – 2 Years | \$165 per week | \$35 per day |
| 2 Years | \$160 per week | \$35 per day |
| 3 Years | \$155 per week | \$33 per day |
| 4 Years | \$150 per week | \$33 per day |
| Before-school Care | \$5/morning | \$5/morning |
| After-school Care | \$7/afternoon | \$7/afternoon |
| BOTH before & after care | \$10/day | \$10/day |

Once a spot opens: Once a spot opens within the age range your child needs, you will be notified that the space is available. You then have the opportunity to choose to continue with the enrollment or to withdraw. A decision to continue or withdraw will need to be made within two (2) business days of the notice.

Enrolling: If you choose to continue with the enrollment, you will:

- meet with the Director to
 - review SCCC Handbook
 - review and sign service contract
- need to provide a non-refundable deposit in an amount equal to \$25/month for the number of months between notification and start date (this deposit holds your child's spot)
- need to provide a non-refundable deposit in an amount equal to the weekly rate based upon child's age and number of days of child care needed per week; this will be applied to your account for the first week's care

NOTE: deposits can be made in the form of cash or check; if check, make out to: Shiocton School District.

Any questions, contact Ms. Hope Hoffman, SCCC Director at hhoffman@shiocton.k12.wi.us or (920) 986-3351 x790.