Waukesha County Technical College

Child Development Center & Lab
Pewaukee, WI 53072
Phone (262) 691-5220 Fax (262)695-8814

Preparing Children and Teachers for the Future……..

Summer 2016 Enrollment Application Form

	(Last) (First) (Middle)
CHILD'S NAME:	
Name your child goes by:	
ADDRESS:	**SEX: M F**
CITY,STATE & ZIP CODE:	**BIRTHDATE:**
PHONE: ( )	**REQUESTED START DATE:**

Scheduling Guidelines

1. Allow plenty of time in your schedule to get to and from work or class.
2. You must indicate a specific schedule (i.e. 9-5).
3. Schedule in 30 minute increments

Desired Schedule: Check inside the boxes to indicate the schedule you are requesting

	7:00	**7:30**	**8:00**	**8:30**	**9:00**	**9:30**	**10:00**	**10:30**	**11:00**	**11:30**	**12:00**	**12:30**	**1:00**	**1:30**	**2:00**	**2:30**	**3:00**	**3:30**	**4:00**	**4:30**	**5:00**	**5:30**	**6:00**
Sample 8:30 - 3				*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*						
M																							
T																							
W																							
R																							
F																							

List information for both parents (if applicable), even if the parent is not a student. Anyone listed as a parent automatically has the right to pick up their child

Parent's Name:	Parent's Name:
Student ID :	Student ID :
□WCTC Student □Faculty/Staff □Community	□WCTC Student □Faculty/Staff □Community
Department or Place of Employment	Department or Place of Employment
Work # Cell#	Work # Cell#
E-mail address	E-mail address
Home phone	Home phone
Signature (Parent or Guardian):	**Date:**

▼FOR OFFICE USE ONLY▼

CLASSROOM ASSIGNMENT:	**ACCEPTED: _____/_____/_____ WAITING _____/_____/_____**
CONTRACT SENT:	**DUE:** **RECEIVED:**