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……..

Spring 2017 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:**