

# 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 2017 Enrollment Application Form

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

**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							
<b>M</b>																							
<b>T</b>																							
<b>W</b>																							
<b>R</b>																							
<b>F</b>																							

**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 :
<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Community	<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> 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 ▼**

<b>CLASSROOM ASSIGNMENT:</b> _____/_____/____	<b>ACCEPTED:</b> ____/____/____ <b>WAITING</b>
<b>CONTRACT SENT:</b>	<b>DUE:</b> _____ <b>RECEIVED:</b>