

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 2018 Enrollment Application Form

CHILD'S NAME:		
(Last)	(First)	(Middle)
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
<i>Sample</i> 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 :	
<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff		<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Community	
<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 ▼

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