



A good mind. A good heart. A strong fire.

# Oneida Child Care - Payroll Deduction

**Tsi? thuwati?nekuhlalákhwa**      **ka?nihana sa**  
**(Where they take care of them)**      **(the little ones)**

Airport Road Child Care  
P.O. Box 365  
2965 S. Overland Rd.  
Oneida, WI 54155

Phone: 920-869-1645  
Fax: 920-869-1650

PARENT/GUARDIAN       OTHER

I, \_\_\_\_\_ hereby authorize my employer: Oneida Nation to deduct \$\_\_\_\_\_.\_\_\_\_\_ from each weekly paycheck and deposit in the Airport Road Child Care Account. This agreement is in effect until this account is paid in full or credit is received upon termination of employment/care services.

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Action:     Add       Change       Stop

Deduction Amount: \$\_\_\_\_\_.\_\_\_\_\_      Airport Road Child Care: 001-5211-52-000-101100-000 TONCA

Child / Children's Names: \_\_\_\_\_

>>>A non-refundable enrollment fee of \$50.00 per family is required prior to or at the time of enrollment. This fee will be applied toward center enhancement.

>>>All tuition fees are due by the Friday before care. A late fee of \$10.00 per day will be incurred.

>>>Failure to pay will result in separation of services until fee is paid in full. Continued incidents of failure to pay the Friday before care will result in initiation of termination of child care services.

\_\_\_\_\_  
Employee Signature      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee #      Date

\*\*\*\*\* Office Use Only\*\*\*\*\*

**Notice to Payroll Department:** Please contact the Child Care Department if there are ANY CHANGES to the above authorization, including separation of employment.

THIS AUTHORIZATION SUPERCEDES ANY SUCH DOCUMENT PRIOR TO IT'S DATE OF APPROVAL.

\_\_\_\_\_  
Child Care Supervisor Signature      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee #      Date