



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

Oneida Child Care — Bill Status Change Form

Tsi? thuwati?nekuhlalákhwa **ka?nih^na 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

Family Name: _____

Child Name/s: _____

Check the box that applies and complete that section only.

TUITION STATUS CHANGE

Please change my tuition status:

Part Time Full Time

Date change will begin: ____/____/____

SEPARATION OF CARE

“2 week notice required”

Last Day of Attendance

Date: ____/____/____

VACATION/SICK DAYS REQUEST

Start Date ____/____/____ Return Date: ____/____/____ Total Days Requested: ____

Full time: 10 days per calendar year. **Part Time:** 5 days per calendar year. Request must be made within 30 days of actual vacation/sick day out to receive credit on family account.

LEAVE OF ABSENCE

Start Date ____/____/____ Return Date: ____/____/____ Total Weeks Requested: ____

1 leave per calendar year. A holding fee of \$50.00 per month to the nearest whole month per child is required. Must have a zero balance to return. Holding applied to center enhancement.

Comments: _____

Parent/Guardian Signature

____/____/____
Date

Approving Supervisor Signature

____/____/____
Date

OFFICE USE ONLY

Input By: _____	Input Date: _____
Daily Fee: \$ _____	Amount Credited to Account: \$ _____