



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

Oneida Child Care - Enrollment Contract Rotating

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

Full Time Part Time For Month of: _____ Date: ____/____/____

Family Name: _____

Child/Children's Names: _____

I understand that this care choice must be the same every month in order to maintain regular enrollment status. I also understand that I must receive supervisor approval at least 10 days prior to change these contracted hours.

My child/children will be attending child care on the following days.

1 _____ m. to _____ m.	17 _____ m. to _____ m.
2 _____ m. to _____ m.	18 _____ m. to _____ m.
3 _____ m. to _____ m.	19 _____ m. to _____ m.
4 _____ m. to _____ m.	20 _____ m. to _____ m.
5 _____ m. to _____ m.	21 _____ m. to _____ m.
6 _____ m. to _____ m.	22 _____ m. to _____ m.
7 _____ m. to _____ m.	23 _____ m. to _____ m.
8 _____ m. to _____ m.	24 _____ m. to _____ m.
9 _____ m. to _____ m.	25 _____ m. to _____ m.
10 _____ m. to _____ m.	26 _____ m. to _____ m.
11 _____ m. to _____ m.	27 _____ m. to _____ m.
12 _____ m. to _____ m.	28 _____ m. to _____ m.
13 _____ m. to _____ m.	29 _____ m. to _____ m.
14 _____ m. to _____ m.	30 _____ m. to _____ m.
15 _____ m. to _____ m.	31 _____ m. to _____ m.
16 _____ m. to _____ m.	

I agree that my child/children will attend Airport Road Child Care for the hours listed above. I also agree to pay for the hours written above. I will be exempt from paying if my child/children are out sick or on vacation status, unless it exceeds my allotted vacation/sick days.

Parent/Guardian Signature

____/____/____
Date

Approving Supervisor Signature

____/____/____
Date