



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

Oneida Child Care - Enrollment Contract Standard

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 Name: _____

Child/Children's Names: _____

Mark all schedules that apply

<input type="checkbox"/> STANDARD Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Start Date: _____	<input type="checkbox"/> SHORT TERM 2 to 30 days Start ___/___/___ End ___/___/___
<input type="checkbox"/> LIMITED TERM 30 to 90 days Start ___/___/___ End ___/___/___	<input type="checkbox"/> EXTENDED TERM 90 to 310 days Start ___/___/___ End ___/___/___

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

DAY	TIME IN	TIME OUT
MONDAY	____ : ____ , ____ . M.	____ : ____ , ____ . M.
TUESDAY	____ : ____ , ____ . M.	____ : ____ , ____ . M.
WEDNESDAY	____ : ____ , ____ . M.	____ : ____ , ____ . M.
THURSDAY	____ : ____ , ____ . M.	____ : ____ , ____ . M.
FRIDAY	____ : ____ , ____ . M.	____ : ____ , ____ . M.

>>> If you change status (Full time/Part time) a Billing Status Change Form must be completed.

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 listed above. I will be exempt from paying if my child/children are out sick or on vacation, unless it exceeds my allotted vacation/sick days. I am responsible for any early/late fees if they occur.

 Parent/Guardian Signature

____/____/____
 Date

 Child Care Supervisor Signature

____/____/____
 Date