**Oneida Child Care —**

**Application**

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**Phone: 920-869-1645**

**Fax: 920-869-1650**

**Airport Road Child Care**

**P.O. Box 365**

**2965**

 **S. Overland Rd.**

**Oneida, WI 54155**

|  |  |
| --- | --- |
| Mother/Guardian/Significant Other Name: Click or tap here to enter text.Address: Click or tap here to enter text.Telephone: Click or tap here to enter text.Employer: Click or tap here to enter text.Telephone: Click or tap here to enter text.Enrollment: [ ] Oneida [ ] Other Tribe [ ]  Non-TribalRoll # Click or tap here to enter text. | Father/Guardian/Significant Other Name: Click or tap here to enter text.Address: Click or tap here to enter text.Telephone: Click or tap here to enter text.Employer: Click or tap here to enter text.Telephone: Click or tap here to enter text.Enrollment: [ ]  Oneida [ ]  Other Tribe [ ]  Non-TribalRoll # Click or tap here to enter text. |

**Children Requiring Care**

|  |  |
| --- | --- |
| Child’s Name: Click or tap here to enter text.Gender: Female | Birthdate: Click or tap to enter a date.Days/Hours Care will be needed: Click or tap here to enter text. |

Father/Guardian/Significant Other 

Be sure to receive a receipt for this application upon submission. Either deliver application to ARCC or mail it to: P.O. BOX 365, Oneida, WI 54155 and a receipt will be mailed back to you.

|  |  |
| --- | --- |
| Parent/Guardian Signature: Click or tap here to enter text. | Date: Click or tap to enter a date. |

I understand that it is my personal responsibility to contact the Oneida Child Care Department every January to remain on the wait list and to update any necessary information as needed. I further understand that if I do not contact the Oneida Child Care Department at (920)869-1645, I will be removed from the waiting list. By initialing this statement, I agree to this statement and understand my responsibilities.

|  |  |
| --- | --- |
| Parent/Guardian Initials: Click or tap here to enter text. | Date: Click or tap to enter a date. |

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**Office Use Only**

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Date Received at Center Signature of staff Receiving application F.C. Initials Date

|  |
| --- |
| Priority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling: □ Yes □ No Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Removed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why Removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered on Waiting List Initials