

**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-Tribal  Roll # 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-Tribal  Roll # 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.

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| --- | --- |
| 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.

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| 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