

Waukesha County Technical College

Child Development Center & Lab
 Pewaukee, WI 53072
 Phone (262) 691-5220 Fax (262)695-8814

Preparing Children and Teachers for the Future.....

Fall 2017 Enrollment Application Form

(Last)	(First)	(Middle)
CHILD'S NAME:		
Name your child goes by:		
ADDRESS:	SEX: M F	
CITY, STATE & ZIP CODE:	BIRTHDATE:	
PHONE: ()	REQUESTED START DATE:	

Scheduling Guidelines

1. Allow plenty of time in your schedule to get to and from work or class.
2. You must indicate a specific schedule (i.e. 9-5).
3. Schedule in 30 minute increments

Desired Schedule: Check inside the boxes to indicate the schedule you are requesting

	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00
Sample 8:30 - 3				X	X	X	X	X	X	X	X	X	X	X	X	X	X						
M																							
T																							
W																							
R																							
F																							

List information for both parents (if applicable), even if the parent is not a student. Anyone listed as a parent automatically has the right to pick up their child

Parent's Name:	Parent's Name:
Student ID :	Student ID :
<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Community	<input type="checkbox"/> WCTC Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Community
Department or Place of Employment	Department or Place of Employment
Work # Cell#	Work # Cell#
E-mail address	E-mail address
Home phone	Home phone

Signature (Parent or Guardian): _____ **Date:** _____

▼ FOR OFFICE USE ONLY ▼

CLASSROOM ASSIGNMENT: _____ / _____ / _____	ACCEPTED: _____ / _____ / _____	WAITING
CONTRACT SENT: _____	DUE: _____	RECEIVED: _____