



Shiocton Child Care Center

Initial Enrollment Form

(One form per child)

Rec'd _____ By _____

Child's name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Resident School District: _____

Parent Email Address: _____

Start Date _____

****Full day child care hours: Monday through Friday, 5:30 a.m. to 6:00 p.m. (maximum 10 hours per day).**

Child Care Days/Hours Needed (must enroll for at least three (3) days)					
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate drop-off time					
Approximate pick-up time					
Before/After School Care					
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

****Before school hours: 5:30AM to 7:30 AM**

****After school child care hours: 3:10PM to 6:00PM**

Will your child be attending year round child care? Yes No

Will your child need full-time/part-time summer child care? Full-time Part-time

Food Allergies: _____

Non-refundable deposit: To enroll in SCCC, a non-refundable deposit will be required upon submittal of this enrollment form. The deposit will be an amount equal to the applicable weekly rate shown below based on your child’s age and need for days/hours per week. The deposit will be applied to the first week of the child’s attendance at SCCC. Please submit a deposit in cash or check (if check, make out to: Shiocton School District) along with the completed enrollment form.

CLASSROOM:	Full Time (5 days per week)	Four Days Per Week	Three Days Per Week	Two Days Per Week **
INFANTS (6 weeks – approx 12 months)	\$250 per week	\$242 per week	\$184 per week	\$126 per week
TODDLERS (approx 12 – 24 months)	\$250 per week	\$242 per week	\$184 per week	\$126 per week
TWO’S (approx 24 – 36 months)	\$240 per week	\$222 per week	\$169 per week	\$116 per week
PRESCHOOL (approx 36 months – 5 years)	\$235 per week	\$222 per week	\$169 per week	\$116 per week
SCHOOL AGE (approx 5 – 10 years)	\$235 per week	\$222 per week	\$169 per week	\$116 per week
Before-school Care*	\$8/morning	-	-	-
After-school Care*	\$12/afternoon	-	-	-
BOTH before & after care	\$15/day	-	-	-
4K Only Option (Drop-in Rate)***	\$58.00 per day			

Non-refundable Deposit Amount (circle one): \$50 individual fee \$80 family fee

AGREED AND ACCEPTED:

Parent Signature: _____

Parent Name: _____ Date: _____

	FOR SCCC USE	
Application approved upon signature by SCCC		
<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Payment received
Signature: _____		Date: _____