Shiocton Child Care Center

N5650 Broad St, P.O. Box 68, Shiocton, WI 54170-0068 (920) 986-3351 Ext. 790 • Fax (920) 986-3291 Shellie Kosmerchock, Director



DOB: _____

Enrollment Checklist

The following forms/items must be completed prior to your child's first day and returned to t	the
Shiocton Child Care Center with the registration and weekly fee.	

Child's Name

Emergency Contact Card Health History and Emergency Care Plan Signed Contract with Weekly Schedule		Child Care Enrollment Form
Day Care Immunization Record or an electronic record of Child's Immunizat Emergency Contact Card Health History and Emergency Care Plan Signed Contract with Weekly Schedule		Child Care Intake for Child Under 2 Years
Emergency Contact Card Health History and Emergency Care Plan Signed Contract with Weekly Schedule		Child Health Report (Within 90 Days after first day)
Health History and Emergency Care Plan Signed Contract with Weekly Schedule		Day Care Immunization Record or an electronic record of Child's Immunization
Signed Contract with Weekly Schedule		Emergency Contact Card
		Health History and Emergency Care Plan
		Signed Contract with Weekly Schedule
Social/Print Media Release Form		Social/Print Media Release Form
	ال س	nt Handbook Acknowledgement (Read and return signage page to SCCC)

