

## UW-PARKSIDE CHILD CARE CENTER CONTINUING ENROLLMENT - SPRING

Please check a box:      **STUDENT**                          **NON-STUDENT**   

<b>Child's Name</b>	<b>Age</b>	<b>Birth Date</b>
<b>Address</b>	<b>City, State, Zip</b>	<b>Phone</b> (    )

**SPRING SEMESTER CHILD CARE HOURS:**

Monday	_____	\$	_____
Tuesday	_____	\$	_____
Wednesday	_____	\$	_____
Thursday	_____	\$	_____
Friday	_____	\$	_____
<b>TOTAL</b>		<b>\$</b>	_____

**CLASS SCHEDULE:**

Course #	Course Name	Days/Times	Room #

If not in class, I may be reached at \_\_\_\_\_

Parent/s Student ID# \_\_\_\_\_ Parent Signature \_\_\_\_\_

Today's Date \_\_\_\_\_ Effective Date \_\_\_\_\_