



<b>Reserved for SSP Business Office</b>	
Date Received _____	Online Received _____
Birth Certificate Rec'd _____	
\$175 Registration Received _____	
Payroll Deduction _____	
FOB Ordered _____	

## 2020-21 TOTS Enrollment Information Form

If you are still expecting the birth of your child, please indicate the **due date** below and use **today's date** when entering the birth date in the online EZ ChildTrack registration site.

**CHILD INFORMATION** Full Name: \_\_\_\_\_ Enrolled in 2019-20 TOTS? Yes / No

Birth Date: \_\_\_\_\_ (or) Due Date: \_\_\_\_\_ Gender: Male / Female / Unknown

Requested start date for 2020-21 TOTS: \_\_\_\_\_ (Infant must be 12 weeks old and child of WWS employee)

**Select the Classroom and Plan below: (Use child's age as of August 1)**

**Classroom:**  Infants\* WWS Employees Only  Toddler\* WWS Employees Only  Preschool

**Plan:**  School Year Full Week  3 Day Plan (T-W-Th)  2 Day Plan (M&F)

**DEVELOPMENTAL MILESTONES:**

Below, please check most recent developmental milestones child has achieved:

- \_\_\_ 12 weeks to 12 months
- \_\_\_ Walking
- \_\_\_ Drinks with sippy cup
- \_\_\_ Toilet trained
- \_\_\_ Requires 1 nap (on cot)
- \_\_\_ Independently feeds self

Items returned with Enrollment Information Form:

\$175 Family Registration Fee  Birth Certificate Attached **OR**  Birth Certificate On File

**PARENT CONTACT INFORMATION:**

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Do you currently have a fob? \_\_\_\_\_

Do you currently have a fob? \_\_\_\_\_

Which parent is financially responsible for the 2020-21 TOTS program? Mother \_\_\_\_\_ or Father \_\_\_\_\_

**HEALTH RECORDS:** (This would be taken to emergency facility, if needed.)

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Local Hospital Preference: \_\_\_\_\_ Allergies: \_\_\_\_\_

Special needs, special routines / modifications prescribed by a doctor? Yes / No If yes, please outline cautions or

known health conditions and allergies for our staff.

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**WWS EMPLOYEES:** (Please complete this portion if either parent is a WWS employee.)

Mother employed by WWS? \_\_\_\_\_ Building Location? \_\_\_\_\_ Do you currently have a job? \_\_\_\_\_

Father employed by WWS? \_\_\_\_\_ Building location? \_\_\_\_\_ Do you currently have a job? \_\_\_\_\_

As a WWS employee, I would like to use payroll deduction to pay the TOTS fees? Yes / No

If yes, how many pay periods between the dates of August 20, 2020 and August 5, 2021 would you like to use payroll deduction (maximum pay periods is 24 pays)? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

My child(ren) were enrolled in the 2019-20 TOTS: Yes \_\_\_\_\_ Full time \_\_\_\_\_ Part-time \_\_\_\_\_ No \_\_\_\_\_

I am a family with an enrolled WWS student \_\_\_\_\_ Sibling's name and school location: \_\_\_\_\_

I anticipate an older sibling to be enrolled in the 2020-21 All Aboard program? Yes / No

**PLEASE INITIAL EACH BLANK**

\_\_\_\_\_ All children and adults agree to adhere to the guidelines and to follow all school policies and procedures.

\_\_\_\_\_ I understand I am submitting enrollment in Westfield Washington Schools TOTS Program as my full-time child care provider and that classroom placement depends on space available in the program.

\_\_\_\_\_ In the event that I choose to withdraw my child(ren) from TOTS, I must provide a written notice 10 business days in advance to the TOTS Lead Facilitator and the SSP Business Office noting the designated final date of attendance. Failure to do this will result in an additional monthly fee.

\_\_\_\_\_ I understand that full week plan enrollment will receive priority placement.

\_\_\_\_\_ I understand once full time enrollment has been confirmed, and I wish to change enrollment to part-time, I may lose my placement spot to a full time enrollment. If I change enrollment or withdraw before January 1 or 20 weeks after start date, I will lose priority placement the following TOTS enrollment year.

\_\_\_\_\_ I will remain current in all fees due.

\_\_\_\_\_ I have submitted the \$175 annual registration payment due per family (TOTS or All Aboard) with this form.

\_\_\_\_\_ I understand that if my child is placed in the TOTS program, the \$175 registration payment is non-refundable.

\_\_\_\_\_ I have submitted the online EZ ChildTrack enrollment found on the district website (open 1/13/20 to 2/14/20).

\_\_\_\_\_ I understand enrollment will be pending until notification of enrollment status by February 24, 2020.

\_\_\_\_\_ I understand break care must meet minimum enrollment in order to be offered. Break location will be located in the school building where BAC break care is being held. **Break Care is open to Pre-School Only.**

\_\_\_\_\_ I understand I will have a lunch account set up in my child's name so I may deposit money into it for lunches.

**REQUIRED** signature of financially responsible parent or guardian: \_\_\_\_\_

Please refer to the 2020-21 TOTS Service Matrix and Rates for monthly installment prices  
[www.wws.k12.in.us](http://www.wws.k12.in.us) > Departments > Student Support Programs > TOTS

**IMPORTANT—Items you must complete before your child's 2020-21 registration will be considered:**

1. Complete online EZ ChildTrack enrollment between 1/13/20 and 2/14/20. Go to [www.wws.k12.in.us](http://www.wws.k12.in.us) Departments > Student Support Programs > EZ ChildTrack link
2. Return this completed form, Birth Certificate and the \$175 registration payment no later than 2/14/2020  
Return all items

**Westfield Washington Schools**  
**1143 E. 181 Street**  
**Westfield, IN 46074**  
**Attn: Student Support Programs**