



Reserved for SSP Business Office (12-17-20)	
Date Received _____	Online Received _____
Birth Certificate Rec'd _____	
\$175 Registration Received _____	
Payroll Deduction _____	
FOB Ordered _____	

2021-22 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 2020-21 TOTS? Yes / No

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

Requested start date for 2021-22 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

___ Drinks with sippy cup

___ Requires 1 nap (on cot)

___ Walking

___ Toilet trained

___ 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 2021-22 TOTS program? Mother _____ or Father _____

HEALTH RECORDS:

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 for our staff: _____

Is your child on any medications? If yes please list _____

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 collect 2021-22 TOTS fees? Yes / No

If yes, how many pay periods between August 20, 2021 and June 3, 2022 would you like to use payroll deduction (the maximum pay periods you can use is 20 pays)? _____

If you do not choose to do payroll deduction, you may pay by credit card through your EZ ChildTrack account which has an autopay feature you can set up on your account or mail a personal check payable to Westfield Washington Schools, 1143 E 181 Street, Westfield, IN 46074 Attn: SSP

ADDITIONAL INFORMATION:

My child(ren) were enrolled in the 2020-21 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 2021-22 All Aboard program? Yes / No

IMPORTANT—Items you must complete before your child’s 2021-22 registration will be considered:

1. Complete online EZ ChildTrack enrollment between 1/11/21 and 2/8/21. Go to www.wws.k12.in.us Departments > Student Support Programs > EZ ChildTrack link

2. Return this form, Birth Certificate (unless on file) and the \$175 registration payment no later than 2/8/2021. Return all items to **Westfield Washington Schools, 1143 E. 181 Street, Westfield, IN 46074**
Attn: Student Support Programs

PLEASE INITIAL EACH BLANK

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

_____ 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 final date of attendance. Failure to do this will result in additional weekly fee(s).

_____ I understand that full week School Year 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 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 EzChildTrack enrollment found on the district website (open 1/11/21 to 2/8/21).

_____ I understand enrollment will be pending until notification of enrollment status by February 16, 2021.

_____ I understand break care must meet minimum enrollment in order to be offered. **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.

_____ If I wish to delay starting in TOTS, I will be charged 50% of the weekly fee to hold the spot. (Applies to children 12 weeks old and older.)

_____ I understand that billing is posted weekly and is due each Friday. I will remain current in all fees due.

_____ I understand and will comply with all Covid-19 and/or other medical guidelines for the classroom.

_____ I understand there will be no credit/refunds for days unused by choice or due to circumstances beyond the program’s control.

REQUIRED signature of financially responsible parent or guardian: _____