



SCHOOL DISTRICT OF STOCKBRIDGE

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Stockbridge Cares Application Form

Please review the Family Agreement. Sign, date and return this copy to the Stockbridge School District Office. Applications will be accepted in print form only starting August 7th at 8:00am. This application will be kept on file.

Parent(s)/Guardian(s) Name: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

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Program fee: (Fees are applied upon acceptance notification)

\$550 per child/per year

Payment Type:

____ Full payment _____ Date Paid

____ \$137.50 per child, per quarter. Payments Paid: 9/5, 11/3, 1/19, 3/22

Fees may be paid at the main office

Discharge of Enrolled Children

•A child may be discharged from the program for reasons such as, but not limited to: • Failure to pay fees on time (grounds for immediate termination). • Lack of parental cooperation. • Repeated discipline referrals by students.

***Late Fee:** Families who pick up their child(ren) after 4:15 on more than three occasions will be fined \$20 each time after the third offense.

Family Agreement. I agree to abide by the terms, policies and all financial responsibilities related to the child care provided. All school rules and policies apply to the Stockbridge Cares Program. Parent/Guardian

Signature: _____ Date: _____