



SCHOOL DISTRICT OF STOCKBRIDGE

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Stockbridge Morning Cares Application Form 2024/2025 School Year

Please review the Family Agreement. Sign, date and return this copy to the Stockbridge School District Office. 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: _____

Child's Name: _____ Grade: _____

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: 9/6, 11/4, 1/19, 3/24

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.

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 Morning Cares Program.

Parent/Guardian Signature: _____ Date: _____

Award Winning Schools With an Expectation of Student Success