



Wildcat Care Form
2019-2020

All subject fields must be filled out in order to be submitted.

Child's Name: _____ Age: _____ Teacher: _____

Child's Name: _____ Age: _____ Teacher: _____

Child's Name: _____ Age: _____ Teacher: _____

Parent's Name: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Circle Days/Times Needed for Care:

Mon. Tues. Wed. Thu. Fri.

AM PM Both

Please return to front desk or email to clauer@wwacademy.org