

2016-2017 School Aged Children Reporting Form

Instructions: Please complete the information below for each child in your center. This form must be completed for any enrolled child in your center. Submit the completed form to your liaison at 1220 W. Vliet Street or by fax to 414-289-8507.

Case number and name must be legible and accurate or a delay in payment may occur.

Provider Name: _____

Provider Number: _____ **Location Number:** _____

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

	Name – Child (First and Last)	Case Number	School District	School Name
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