

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Intent to Enroll Form**  
**Early Childhood Education Program**  
**Health and Public Safety Division**

Welcome to Western Technical College! We're glad you've decided to enroll in the Early Childhood Education program. You will be admitted to the program or added to the waitlist **ONLY** if you have completed all of the requirements listed below. Please remember to retain a copy of this form and all documents you submit for your personal records.

1. Read the program's <b>Technical Standards</b> , submit accommodation request form if needed.	
2. Complete a <b>Dept of Children &amp; Families (DCF) Background Check Request Form</b> and submit it to Western Technical College. <ul style="list-style-type: none"> <li>DCF Fingerprint code will be given once the Intent to Enroll is completed with a College Advisor/Career Coach.</li> <li>You will not need a DCF Fingerprint if you are currently under 18. The background check will be completed on your name only by DCF and you will be billed \$10 from Western. Once you turn 18, you will need to complete the DCF Fingerprint process.</li> <li>If you have conducted a DCF Fingerprint for a WI childcare center after October 2018, you will not need an additional fingerprint.</li> <li>Once you receive a <b>DCF code in your mail</b>, go to "<b>Field Print</b>" web site <a href="https://www.fieldprintwisconsin.com/">https://www.fieldprintwisconsin.com/</a> and request a <b>Fingerprint Background check</b>. You will choose a date for fingerprinting on their web site. Complete Fingerprinting BID process. Payment of \$39.00 will be processed on the website.</li> <li>You will not be able to register for classes until you have completed your fingerprinting. (Unless you are under 18)</li> <li>You will be charged \$10 annually by Western to maintain your background check eligibility.</li> </ul>	
3. Have your healthcare provider fill out the <b>DCF Staff Health Report-Licensed Child Care Centers Form</b> , including <b>TB test results</b> . Submit completed form with TB results to Western Technical College. TB test must be maintained annually throughout the program. <b>YOU MUST SAVE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.</b>	

By initialing below, I attest that

\_\_\_\_\_ I have completed the **program admission requirements** to the required standards.

\_\_\_\_\_ I have read the **supplemental information** and understand the specific requirements for this program (e.g., travel for clinical, purchase of materials, etc.).

\_\_\_\_\_ I will **contact program faculty and/or College Advisor** if I have any questions or concerns.

\_\_\_\_\_ I understand that it is my responsibility to **keep my contact information current** (i.e., address, phone number, email), and I will immediately advise Enrollment Services of any changes.

\_\_\_\_\_ I understand that if I decline my start date, I will need to inform a College Advisor/Career Coach to discuss a later program start date.

\_\_\_\_\_ I have read and I understand the **Essential Functions/Technical Standards** relative to the program and I understand that I must meet with Western's Access and Language Services to arrange for any accommodations prior to class start.

**My signature below** signifies that I intend to enroll in program courses as soon as possible. Once I have signed this Intent to Enroll form, I understand that I will remain accepted in my program without taking any classes until I begin the program. I am aware that if I take courses outside of the program's required curriculum, my debt will increase, and any future financial aid funding may be jeopardized. I also understand that the DCF (Department of Children & Families) final background check approval process may take 45 days to complete, at that time based upon DCF background results, I may not be able to complete the required Practicum experiences needed to complete the program (if convictions are present). Western Technical College is not responsible for tuition costs if denied continuation at a Practicum site as a result of the required DCF background results.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Advisor/Career Coach

\_\_\_\_\_  
Date

***Please remember to retain a copy of this form and all documents you submit for your personal records.***

**College Advisor/Career Coach**  
Western Technical College  
400 Seventh Street North  
La Crosse, WI 54602  
**608.785.9553**  
**CareerCoach@westerntc.edu**