

WILSON SCHOOL DISTRICT CHILD CARE PROGRAM
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610
2017-2018 School Year-Berkshire Heights Early Learning Center
Child Care Program Agreement

I, _____, have enrolled my child _____ (Legal Name)
(Child's Name as it Appears on Birth Certificate)

in the **Wilson School District, 2017-2018 School Year-Berkshire Heights Early Learning Center Child Care Program.**

My child will be attending Berkshire Heights Early Learning Center.

The Days I am contracted for each week are (Please Circle): Monday Tuesday Wednesday Thursday Friday

The Hours I am contracted for each week are: Drop off time: _____ Pick up time: _____

My Contracted Weekly Rate is: _____

Do you have more than one child currently enrolled in Wilson Child Care?

- If Yes, Name of Child(ren): _____, Center(s) Name: _____

My child's start date will be: _____

My child has an IEP? (Please Circle) Yes No Not Sure

- If yes, please release this information to Berkshire Heights Early Learning Center.

Conditions of Agreement

- A non-refundable \$50.00 Yearly Registration fee must accompany this signed contract.
- A three day per week minimum contract is required.
- 2017-2018 School Year-Berkshire Heights Program runs from August 28, 2017 through June 8, 2018 (subject to change).

By signing below, I approve my child's contracted plan and acknowledge my responsibility to abide by the conditions stated in this agreement and procedures listed in the Parent Guidelines Handbook. I will sign and return one copy, with the required fee, payable to **Wilson Child Care, 711 North Wyomissing Blvd, Wyomissing PA 19610**. Please contact Main Office at 610-670-0180, ext. 4823 with any questions on enrollment.

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date