WILSON SCHOOL DISTRICT CHILD CARE PROGRAM

711 N. WYOMISSING BLVD., WYOMISSING, PA 19610

2017-2018 School Year-School Age Child Care 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-School Age Child Care Program.**

My child will be attending: (Please circle) **Cornwall Terrace Green Valley Shiloh Hills Spring Ridge Whitfield** Child Care 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, do you give permission to Wilson School District to release this information to Wilson Child Care?**
  Please Circle: YES NO

Conditions of Agreement

- **A non-refundable $50.00 Registration fee must accompany this signed contract.**
- **A three day per week minimum contract is required.**
- **2017-2018 School Year-School Age 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***