

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**  
**711 N. WYOMISSING BLVD., WYOMISSING, PA 19610**  
**2017-2018 School Year-School Age Child Care Agreement**  
**SUBSIDIZED/TITLE XX CONTRACT**

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.
- I am responsible to pay Wilson Child Care my weekly co-pay and the difference of the CCIS Financial Assistance payment compared to my current contracted weekly rate.
- 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**