

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**  
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610  
**2018-2019 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, 2018-2019 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.
  - 2018-2019 School Year-Berkshire Heights Program runs from TBD through TBD (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*