

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**  
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610  
**2018-2019 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, 2018-2019 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.

<b>The Days I am contracted for each week are (Please circle):</b> Monday Tuesday Wednesday Thursday Friday					
<b>The Hours I am contracted for each week are:</b>		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.
  - 2018-2019 School Year-School Age 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*