

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**

711 N. WYOMISSING BLVD., WYOMISSING, PA 19610

**2019-2020 School Year-Berkshire Heights Early Learning Center Child Care Program 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, 2019-2020 School Year-Berkshire Heights Early Learning Center Child Care Program.**

My child will be attending Berkshire Heights Early Learning Center.

<p>The Days I am contracted for each week are (Please Circle): Monday Tuesday Wednesday Thursday Friday</p> <p>The Hours I am contracted for each week are: Drop off time: _____ Pick up time: _____</p> <p>My Contracted Weekly Rate is: _____</p> <p>Do you have more than one child currently enrolled in Wilson Child Care? - If Yes, Name of Child(ren): _____, Center(s) Name: _____</p> <p>My child's start date will be: _____</p> <p>My child has an IEP? (Please Circle) Yes No Not Sure - If yes, please release this information to Berkshire Heights Early Learning Center.</p>
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<p style="text-align: center;"><u>Conditions of Agreement</u></p> <ul style="list-style-type: none"><li>• A non-refundable \$50.00 Yearly Registration fee must accompany this signed contract.</li><li>• I am responsible to pay Wilson Child Care my weekly co-pay and the difference of the ELRC Financial Assistance payment compared to my current contracted weekly rate.</li><li>• A three day per week minimum contract is required.</li><li>• 2019-2020 School Year-Berkshire Heights Program runs from TBD through TBD (subject to change).</li></ul>
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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 this agreement 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.

<p>Address _____</p> <p>Home Phone _____ Cell Phone _____ Work Phone _____</p> <p>E-Mail Address _____</p>
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\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*