

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**  
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610  
**2019-2020 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, 2019-2020 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: _____	
<b>My Contracted Weekly Rate is:</b> _____					
<b>Do you have more than one child currently enrolled in Wilson Child Care?</b>					
- If Yes, Name of Child(ren): _____, Center(s) Name: _____					
<b>My child's start date will be:</b> _____					
<b>My child has an IEP? (Please Circle)</b> 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		

<b><u>Conditions of Agreement</u></b>
<ul style="list-style-type: none"><li>• A non-refundable \$50.00 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-School Age Program runs from TBD through TBD (subject to change).</li></ul>

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.

<b>Address</b> _____		
<b>Home Phone</b> _____	<b>Cell Phone</b> _____	<b>Work Phone</b> _____
<b>E-Mail Address</b> _____		

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

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

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

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