

WILSON SCHOOL DISTRICT CHILD CARE PROGRAM
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610
2020-2021 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, 2020-2021 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.
 - A three day per week minimum contract is required.
 - 2020-2021 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

Wilson Child Care
EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Full Name (as it appears on their birth certificate) _____
Child prefers to be called: _____ **Child's Date of Birth:** _____ Male OR Female
Child's Legal Address: _____

Is English the First Language Spoken: Yes No Other languages spoken in the home (circle all that apply):
Spanish Russian Cambodian Vietnamese Chinese (specify) _____ Other (specify) _____

Parent/Guardian Name: _____ **Relationship to child:** Father Mother Guardian Other
Address: _____ **Home phone#** _____
Email Address: _____ **Mobile phone#** _____
Employer: _____ **Work phone#** _____

Parent/Guardian Name: _____ **Relationship to child:** Father Mother Guardian Other
Address: _____ **Home phone#** _____
Email Address: _____ **Mobile phone#** _____
Employer: _____ **Work phone#** _____

List of Person(s) to whom your child may be released to or contacted in case of an emergency:
(Other than a Parent/Guardian):

Name: _____ **Address:** _____
Relationship to child: _____ **Contact number:** _____

Name: _____ **Address:** _____
Relationship to child: _____ **Contact number:** _____

Name: _____ **Address:** _____
Relationship to child: _____ **Contact number:** _____

Name of Child's Physician: _____ **Telephone #:** _____
Address: _____
Health Insurance Name: _____ **Policy #:** _____

Special Disabilities (if any): _____
Allergies, reactions and any medications: _____

Any court order restricting custody to one parent? _____ *If yes, a copy of the order is required.*

By signing below, you give your consent that the information in this document is correct. Consent is also given to the following items: obtaining emergency medical care, taking walking trips, administration of minor first aid and being transported by the facility. I understand that the Wilson School District and Wilson Child Care is in no way financially obligated for medical treatment.

Signature of Parent/Guardian: _____ **Date:** _____

1st - Six Month Review Signature: _____ **Date:** _____

2nd - Six Month Review Signature: _____ **Date:** _____

School Age Child Care Program

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK Weekly	DAY PAYMENT TO BE MADE Monday
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) The School age program offers a safe and friendly environment for children from Kindergarten to 5th grade. The each center provides a morning and afternoon snack.		
Each center provides a quiet area for children to do homework, outdoorplay and a variety of activities geared to provide the child with a fun place to go before and after school.		
Each center is staffed with qualified, caring adults.		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 20.00 until 5:44 pm	PER MIN-HR Additional \$10.00 for every 5 minutes starting at 5:44 pm	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

Stacey Strudt 8/19/20

SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	
	_____ SIGNATURE-PARENT OR GUARDIAN DATE

**RECEIPT AND ACKNOWLEDGEMENT OF WILSON CHILD CARE
SCHOOL AGE BEFORE/AFTER SCHOOL PROGRAM
2020-2021 SCHOOL YEAR
PARENT GUIDELINES HANDBOOK**

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Wilson Child Care – School Age Before/After Parent Guidelines Handbook.

- I understand that the handbook is available to be read online at www.wilsonsd.org/childcare and if requested, one can be provided to you.
- I have read a copy of and I understand the Wilson Child Care - School Age Before/After Parent Guidelines Handbook. I understand that the procedures and rules described herein are subject to change at the sole discretion of Wilson Child Care - School Age Before/After at any time.
- I understand that, should the content of the Parent Guidelines Handbook be changed in any way, Wilson Child Care - School Age Before/After may require an additional signature from me to indicate that I am aware of and understand any new procedure. .

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Date