

Claudia Schadler-Duong
Enrollment
schcla@share.wilsonsdsd.org
Ext. 4823

District Offices:
2601 Grandview Boulevard
West Lawn, PA 19609-1324
(610) 670-0180
www.wilsonsdsd.org



Susan Wails
Preschool Lead Supervisor
waisus@share.wilsonsdsd.org
Ext. 1361

**Berkshire Heights
Early Learning Center:**
711 N. Wyomissing Boulevard
Wyomissing, PA 19610
(610) 670-0180 x4823

2021-2022 School Year Enrollment Berkshire Heights Early Learning Center

Dear Parents/Guardians,

Thank you for your interest in the Berkshire Heights Early Learning Center!

Preschool enrollment for next school year (2021-2022) will open on Monday March 8, 2021.

Please enroll now while space is available. Once we reach our limit, a waiting list will be established. Private tours are available, to schedule, please contact Sue Wails at WaiSus@wilsonsdsd.org.

Please note:

- Berkshire Heights Early Learning Center is open Monday through Friday from 6:30am to 5:30 pm.
- Children must be at least 3 years old, toilet trained, and a resident of the Wilson School District to enroll in our program.
- The 2021-2022 Berkshire Heights program runs from first day of the WSD school year to the last day of the WSD school year. August 25, 2021 – June 4, 2022 (subject to change)

2021-2022 Preschool Rates:

Full Day Program (6:30am-5:30 pm)

5 days/week = \$225.00/week
4 days/week = \$200.00/week
3 days/week = \$180.00/week

Half Day Program (8:30am-12:30pm)

5 days/week = \$180.00/week
4 days/week = \$160.00/week
3 days/week = \$140.00/week

* Three day minimum contract is required

Please complete all forms and EMAIL to Claudia at SchCla@wilsonsdsd.org. Please mail a \$50.00, nonrefundable registration fee to Claudia at Berkshire Heights Early Learning Center, 711 N Wyomissing Blvd. Wyomissing, Pa 19610. Please make checks or money orders payable to Wilson Child Care.

- You can choose a 3, 4, or 5 full day or half day per week option. This is on a first come, first serve basis.
- Your child is officially enrolled when all paperwork is submitted and the correct fees are paid.
- You will be notified when your registration is complete.

Information relating to Wilson Child Care, including our 2021-2022 School Year Program at Berkshire Heights Early Learning Center, along with the Parent Handbook, is available online at www.wilsonsdsd.org/ChildCare.

The 2021 Preschool Summer Program information will be distributed by the end of April.

Should you have any questions, please feel free to contact us by email or 610-670-0180.

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Sue Wails

Enrollment
Preschool Lead Supervisor

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WILSON SCHOOL DISTRICT CHILD CARE PROGRAM
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610
2021-2022 School Year-Berkshire Heights Early Learning Center
Child Care Contract

I, _____, have enrolled my child _____ (Legal Name)
(Child's Name as it Appears on Birth Certificate)

in the Wilson School District, 2021-2022 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
<ul style="list-style-type: none">• A non-refundable \$50.00 Yearly Registration fee must accompany this signed contract.• A three day per week minimum contract is required.• 2021-2022 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

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** _____

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

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

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:** _____

**RECEIPT AND ACKNOWLEDGEMENT OF
BERKSHIRE HEIGHTS EARLY LEARNING CENTER
2021-2022 SCHOOL YEAR PROGRAM
PARENT GUIDELINES HANDBOOK**

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Berkshire Heights Early Learning Center Parent Guidelines Handbook.

- I have read a copy of and I understand the Berkshire Heights Early Learning Center Parent Guidelines Handbook. I understand that the procedures and rules described herein are subject to change at the sole discretion of Berkshire Heights Early Learning Center at any time.
- 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 understand that, should the content of the Parent Guidelines Handbook be changed in any way, Berkshire Heights Early Learning Center 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