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

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

Susan Wails
Preschool Lead Supervisor
waisus@share.wilsonsd.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@wilsonsd.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)	Half Day Program (8:30am-12:30pm)
5 days/week = $225.00/week	5 days/week= $180.00/week
4 days/week = $200.00/week	4 days/week = $160.00/week
3 days/week = $180.00/week	3 days/week = $140.00/week

* Three day minimum contract is required

Please complete all forms and EMAIL to Claudia at SchCla@wilsonsd.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.wilsonsd.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.

Claudia Schadler-Duong	Enrollment	ext. 4823	schcla@share.wilsonsd.org
Sue Wails	Preschool Lead Supervisor	ext. 1361	waisus@share.wilsonsd.org

WILSON SCHOOL DISTRICT CHILD CARE PROGRAM

711 N. WYOMISSING BLVD., WYOMISSING, PA 19610

2021-22 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, 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

- **A non-refundable $50.00 Yearly Registration fee must accompany this signed contract.**
- **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.**
- **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 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.

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 <u>may be released to</u> 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: _____

Berkshire Heights Early Learning Center

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.)

Our Early Learning Center offers a standard based curriculum that provides activities in language arts, math, science, social studies, art, music, gross and fine motor play. Learning strategies are used which enable the child to experince hands on discovery and interaction with materials, their classmates and qualified teachers.

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 minumum. (§ 3270.124, 3280.124, 3290.124)

Stacey Stoudt 2/26/21

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

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