

Claudia Schadler-Duong
Wilson Child Care
Schcla@Share.wilsonsds.org
Ext 4823

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



Karen Hozza
School Age Lead Supervisor
hozkar@share.wilsonsds.org
Ext. 6676

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

2021-2022 School Year
School Age – Before/After School Program

Dear Parents/Guardians,

It's Enrollment Time! Enrollment for next school year (2021-2022) School Age Before and After School Program opens **4/5/2021**.

There is a limited number of spaces available per elementary center, enrollment is first come first serve. A waiting list will be established once the center is full. To ensure fairness enrollments will not be accepted prior 4/5/2021.

The School Age Program is available for children entering Kindergarten through 5th Grade.

A separate contract is required for 2021-2022 School Age Program.

To reserve a spot for the 2021-2022 School Year, we ask you to please:

- First, complete the forms attached to this letter and EMAIL to schcla@wilsonsds.org.
- Once emailed, submit a check or money order (made payable to Wilson Child Care) or pay online the \$50.00 non-refundable registration fee.
- Checks should be sent to the
Berkshire Heights Early Center,
711 N Wyomissing Blvd, Wyomissing, Pa 19610
Attention: Claudia

2021-2022 Weekly Contracted Rates & Hours of Operation:

	3 Day	4 Day	5 Day
Before School (6:30am to start of school day)	\$79.00/ week	\$95.00/week	\$105.00/week
After School (End of school day to 5:30 pm)	\$79.00/week	\$95.00/week	\$105.00/week
Before and After School	\$91.00/week	\$110.00/week	\$125.00/week

Note: A three day per week minimum contract is required.

Information relating to our program, along with the Parent Handbook www.wilsonsds.org/childcare.

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

Claudia Schadler-Duong
Karen Hozza

Wilson Child Care Office
School Age Lead Supervisor

ext. 4823
ext. 6676

schcla@share.wilsonsds.org
hozkar@share.wilsonsds.org

WILSON SCHOOL DISTRICT CHILD CARE PROGRAM
711 N. WYOMISSING BLVD., WYOMISSING, PA 19610
2021-2022 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, 2021-2022 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: _____ Grade _____

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.
- 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-School Age Program runs from August 25, 2021 through June 3, 2022 (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) who can be contacted and your child released to 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(o); 3290.123 &.181(o)

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)

Gracey Stoudt 2/26/21
SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

**RECEIPT AND ACKNOWLEDGEMENT OF WILSON CHILD CARE
SCHOOL AGE BEFORE/AFTER SCHOOL PROGRAM
2021-2022 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