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Preschool Lead Supervisor  
waisus@share.wilsonsd.org  
Ext. 1361

District Offices:  
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West Lawn, PA 19609-1324  
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Claudia Schadler-Duong  
Enrollment  
schcla@share.wilsonsd.org  
Ext. 4823

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

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## 2021 Summer Program Berkshire Heights Early Learning Center

Dear Parents,

Enrollment for our upcoming summer program at Berkshire Heights is now open! A separate contract is required for enrollment in the Berkshire Heights Summer Program, even if you are currently enrolled in the school year program.

- The 2021 Summer Program will run from **June 7, 2021 – August 20, 2021** (subject to change).
- The 2021 Summer Program at Berkshire Heights is available for children 3 years of age (must be toilet trained) through "incoming" Kindergarten students.
- Berkshire Heights is open from **6:30am to 5:30pm**.

Join us for a fun and action packed summer full of activities planned for the children!

If you are interested in enrolling for the 2021 Berkshire Heights Summer Program:

- Please complete the enrollment forms and either return them to school or scan to Claudia at [Schcla@wilsonsd.org](mailto:Schcla@wilsonsd.org).
- The **\$25.00** nonrefundable registration fee is due at the time of paperwork submission.
- Registration paperwork is due **by May 7<sup>th</sup>** to ensure inclusion in our program.
- If you have any question regarding enrollment please email Claudia.

The weekly rates for the 2021 Berkshire Heights Summer Program are:

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

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

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

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

- *Three day per week minimum contract is required*
- *Varying day schedules (where days of the week change each week) is not offered*
- *Discounts are not available for the Summer Program*

Financial assistance is available for eligible families through Early Learning Recourse Center (ELRC). Information regarding financial eligibility may be obtained by calling the ELRC office at 484-651-8000. Information relating to Wilson Child Care, including the Summer Program at Berkshire Heights Early Learning Center, is available online at [www.wilsonsd.org/childcare](http://www.wilsonsd.org/childcare).

Should you have any questions, please feel free to call the contacts below at 610-670-0810 or by email:

|                        |                           |          |  |
|------------------------|---------------------------|----------|--|
| Claudia Schadler-Duong | Enrollment and Finance    | Ext 4823 | <a href="mailto:schcla@share.wilsonsd.org">schcla@share.wilsonsd.org</a> |
| Sue Wails              | Preschool Lead Supervisor | Ext 1361 | <a href="mailto:waisus@share.wilsonsd.org">waisus@share.wilsonsd.org</a> |

Sincerely,

Wilson Child Care

WILSON SCHOOL DISTRICT CHILD CARE PROGRAM

711 N. WYOMISSING BLVD., WYOMISSING, PA 19610

2021 Summer

Berkshire Heights Early Learning Center

Child Care Program Agreement

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

in the Wilson School District, 2021 Summer-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 \$25.00 Summer Registration fee must accompany this signed contract.
• A three day per week minimum contract is required.
• 2021-Berkshire Heights Summer Program runs from June 7, 2021 through August 20, 2021 (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

**Berkshire Heights Early Learning Center**  
**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:** \_\_\_\_\_

\*\*\*\*\*

**1<sup>st</sup> - Six Month Review Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> - Six Month Review Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Berkshire Heights Early Learning Center

**AGREEMENT**

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

|  |   |  |
|--|---|--|
| NAME OF CHILD  |   |  |
| FEE AMOUNT<br>\$   | PER-DAY-WEEK<br>Weekly  | DAY PAYMENT TO BE MADE<br>Monday                             |
| Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)<br>Our Early Learning Center offers a standard based curriculum that provides activities in<br>language arts, math, science, social studies, art, music, gross and fine motor play.<br>Learning strategies are used which enable the child to experince hands on discovery and interaction<br>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<br>\$ 20.00 until 5:44 pm   | PER MIN-HR<br>Additional \$10.00 for every 5 minutes<br>starting at 5:45 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 mininum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_ SIGNATURE-OPERATOR                      DATE                      SIGNATURE-PARENT OR GUARDIAN                      DATE

|                           |
|---------------------------|
| DATE OF CHILD'S ADMISSION |
| DATE OF WITHDRAWAL        |

|   |
|---|
| <b>PERIODIC REVIEW</b>  |
| _____<br>SIGNATURE-PARENT OR GUARDIAN                      DATE |

**RECEIPT AND ACKNOWLEDGEMENT OF WILSON CHILD CARE  
2021 BERKSHIRE HEIGHTS SUMMER PROGRAM  
PARENT GUIDELINES HANDBOOK**

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Wilson Child Care – Berkshire Heights Summer Parent Guidelines Handbook.

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

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Parent/Guardian Printed Name

Parent/Guardian Signature

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Parent/Guardian Printed Name

Parent/Guardian Signature

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Date