

**WILSON SCHOOL DISTRICT CHILD CARE PROGRAM**

711 N. WYOMISSING BLVD., WYOMISSING, PA 19610

**2016-2017 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, 2016-2017 School Year-Berkshire Heights Early Learning Center Child Care Program.**

My child will be attending **Berkshire Heights Early Learning Center.**

<p>The Days I am contracted for each week are (Please Circle): Monday Tuesday Wednesday Thursday Friday</p> <p>The Hours I am contracted for each week are: Drop off time: _____ Pick up time: _____</p> <p>My Contracted Weekly Rate is: _____</p> <p>Do you have more than one child currently enrolled in Wilson Child Care? - If Yes, Name of Child(ren): _____, Center(s) Name: _____</p> <p>My child's start date will be: _____</p> <p>My child has an IEP? (Please Circle) Yes No Not Sure - If yes, please release this information to Berkshire Heights Early Learning Center.</p>
--

<p style="text-align: center;"><u>Conditions of Agreement</u></p> <ul style="list-style-type: none"><li>• A non-refundable \$50.00 Yearly Registration fee must accompany this signed contract.</li><li>• A non-refundable deposit in the amount of <u>1 week of your weekly co-pay is required</u>. This deposit will be applied towards your contracted weekly rate for your first week of care.</li><li>• I am responsible to pay Wilson Child Care my weekly co-pay and the difference of the CCIS Financial Assistance payment compared to my current contracted weekly rate.</li><li>• A three day per week minimum contract is required.</li><li>• 2016-2017 School Year-Berkshire Heights Program runs from August 29, 2016 through June 8, 2017 (subject to change).</li></ul>
---

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, Attn: Angie Stoudt, at 711 North Wyomissing Blvd, Wyomissing PA 19610**. Angie can be contacted at [stoang@wilsonsd.org](mailto:stoang@wilsonsd.org), or by phone at 610-670-0180, ext 4823 with any questions on enrollment.

<p>Address _____</p> <p>Home Phone _____ Cell Phone _____ Work Phone _____</p> <p>E-Mail Address _____</p>
--

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Please turn over and complete other side