

BERLIN HEIGHTS COMMUNITY CENTER
AFTER SCHOOL CLUB 2025/26

Please complete this form and mail with your check to: **BHCC After School Club, P.O. Box 66, Berlin Heights, Ohio 44814**

Name of Child _____

Child's date of birth _____ Grade (K-5) _____

Name of Parent/Guardian _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Other persons authorized to pick up my child _____

The parent or adult picking up the child must initial the attendance sheet at time of pick up.

Secondary contact in the event we are unable to reach you:

Name _____ Phone Number _____

My child has allergies: Yes ___ No ___ If Yes, please list _____

My child is taking medication: Yes ___ No ___ If Yes, please list _____

In case of an emergency my child's physician is: _____

Phone _____

Please check:

I would like my child to have help with homework.

I would prefer my child do their homework at another time.

Yes, you may use my child's image for advertising purposes which could include print and/or digital media.

My child will attend **Monday-Friday** ___ **Only these days** _____

I authorize my child to participate in the normal indoor and outdoor activities which occur on a day to day basis, including visits to the school playground, gym, and Berlin Library. (Special permission is required for out of area field trips.) I acknowledge the After School Club will operate only on school days from the time of dismissal until 6:00 p.m.

Please choose one of the following minimum payment options:

Checks can be made payable to the Berlin Heights Community Center or BHCC

One payment of \$1400 per child enrolled for the entire school year. Due by September 5, 2025

Two payments of \$700 per child enrolled. One payment due September 5, 2025; one due January 16, 2026.

Weekly payments of \$40 per child enrolled, due on Monday of each week.

Daily payments of \$10 per child enrolled.

*The payment plans are a minimum donation. Any extra donation you can make is a tax deductible donation to the Berlin Heights Community Center. **If payment is more than two weeks delinquent, your child will be unable to attend until payment is made.. If the payment is a hardship, please contact Linda Moon at 419-271-3636.**

Signature of parent/guardian _____

Printed name of parent/guardian _____

Date _____

FOR MORE INFORMATION OR QUESTIONS CONCERNING AFTER SCHOOL CLUB, CONTACT Linda Moon at 419-271-3636 or kellin1@frontier.com; or Mariela Hansen at 419-602-9963.

