

**BERLIN HEIGHTS COMMUNITY CENTER**  
**AFTER SCHOOL CLUB 2024/25**

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 6, 2024

Two payments of \$700 per child enrolled. One payment due September 6, 2024; one due January 17, 2025.

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](mailto:kellin1@frontier.com); or Mariela Hansen at 419-602-9963.