



# After Care Program



Now offering  
educational &  
fitness based  
before & after  
school programs

TUTORING IS ALSO AVAILABLE!

## Event Information

- Includes **transportation** to and from school.
- Includes a **healthy snack**.
- Kids choose from the following classes:

**KARATE**

**PARKOUR**

**GYMNASTICS**

**DANCE/ZUMBA**

**NINJA NATION**

**CHEER**

**TECH ACADEMY**

**YOGA**

## BERLIN ACTIVITIES DEPOT



10008 Old Ocean  
City Blvd, Berlin  
MD 21811



(410) 629-0878



### **Before Care Program**

**7:00am – 8:30am**

**Monday – Friday**

Daily Only: \$18

Before Care Only: \$65 weekly or \$280 monthly

### **Before and After Care Program**

**3:00pm – 5:15pm**

**Monday – Friday**

2 Days Per Week = \$55 weekly or \$225 Monthly

3 Days Per Week = \$65 weekly or \$265 Monthly

4 Days Per Week = \$72 weekly or \$295 Monthly

5 Days Per Week = \$80 weekly or \$328 Monthly

Includes: Classes, Transportation, & Snack

**Extended Care**

**5:15-6:15pm**

**\$15 Per week**

\*After School Programs DO NOT INCLUDE: Delays, early dismissals, days off school, holiday camps, summer camps, annual enrollment fees, extended care costs, open gym/jumps in the kidz zone.

### **Year Round Program**

- \$100 per week \*\$75 annual registration/Membership Fee discounted if committed to year-round program\*
- Full 52-week contract includes After School Program and Summer Camp with scheduled field trips per week and extended care all year-round.
- Contract locks family into 52 weeks per year- started no later than 1/1/2019

\*DOES NOT INCLUDE: Enrollment fees for summer camp, yearly registration, delays, days off school, early dismissals or day camps\*

### **SCHOOLS WE TRANSPORT TO:**

- Seaside Christian Academy
- Willards Elementary
- Pittsville Elementary and Middle
- Ocean City Elementary
- Showell Elementary
- Most Blessed Sacrament
- Surrounding Delaware Schools
- Buckingham Elementary
- Stephen Decatur Elementary, Middle & High
- Worcestor Prep
- BIS

## **SCHOOL & HOLIDAY BREAK FEES**

### **Additional Fees**

1 Hour School Delay = \$10

2 Hour School Delay = \$14

Half Day = \$25

Day Off School = \$35 per day 730—530 p.m.

Extended Care PM = \$10 7:00—7:30/530—6

### **Drop In Rates**

Member Rate: \$35 per day \*based on last minute  
availability\*

Non-Member Rate: \$40 per day

## Welcome to Berlin Activities Depot!

### Need to know:

- All payments are required by Monday at 5:00 P.M. If tuition is unpaid by Tuesday, your credit card on file will be charged for your tuition. If for any reason your credit card charge does not complete, a \$35.00 decline fee will be automatically assessed. If unable to charge card on file. Failure to pay tuition will affect your child's ability to participate in B.A.D Before and After School programs.
- There will be NO refunds for any payments regardless of missing the program for any reason.
- If transportation to and from B.A.D and your child's school is provided please ensure that your child understands proper safety and rules on the B.A.D vans.
- If your child does not have a snack or drink, they can be purchased at the "Above the Bar Grub Hub". B.A.D is not liable for any lost or stolen money that is in the child's possession. If a snack is packed please be sure it is something that will keep throughout the day.
- Children must have money to purchase snacks, have a credit card on file or to purchase a snack/drink at the snack bar.
- If your child does not have school, or a half day of school and will or will not need care from B.A.D please let us know 24 hours before the day.
- As children are coming to and from school they have their backpacks, jackets, other clothing etc; B.A.D is not liable for any lost or stolen items. Cubbies are available for your child to place their belongings. Please be sure to label everything with your child's name to ensure nothing is mixed up with another child's.
- If you have not picked up your child by the designated time that their program ends they will be placed in the aftercare extended hours class and your account will be auto billed \$15.00.
- Accidents happen! B.A.D employees ensure that caution is always taken in the gym and safety comes first but accidents can still occur. If a child is hurt the correct measures are taken to take care of the situation in a safe and quick manner. After taking care of the situation the parent is immediately notified. B.A.D is not liable for any accident or injury that occurs.
- Please have your child dress appropriately for the program they attend that day.
- Students must be signed in and out using our POS system at the front desk with your designated pick up code.
- B.A.D does not follow Worcester County Schools inclement weather and emergency closing policies. If schools require closings, we will be closed at our own discretion. If schools are closed early due to weather or emergency B.A.D will still pick-up your child and they may be in our program until 5:15 PM or extended care until 6:15 PM. If earlier pick up is required for safety purposes we will inform you. There will be a \$15.00 early dismissal fee charged. We make a decision to close on a case by case basis as the safety of our staff and students are our primary concern.

### Parent's Responsibility Checklist:

- \_\_\_\_1. Notify Teachers that your child will be joining Berlin Activities Depot After School Program. If transportation changes occur including a different pick up person at B.A.D or if someone else will be picking up your child from school, please notify B.A.D.
- \_\_\_\_2. Notify the School office that your child is to be in the line for "Berlin Activities Depot".
- \_\_\_\_3. When leaving be sure your child has all of his/her belongings. Berlin Activities Depot is not responsible for any lost or stolen items.
- \_\_\_\_4. A nutritious snack and drinks will be provided. Water fountains will be located in each activity area. We have a full-service snack bar (Above the Bar Grub Hub) I understand my child can **ONLY** charge for additional snacks or activities if permission is granted to card on file

**We try to accommodate the needs of every individual to the best of our ability but we have guidelines to run our programs successfully. Please help us to better serve all of our members and customers by following our guidelines set forth**



### Sign up for Remind 101 Text Reminders:

Berlin Education Station Before and after school Student: Text "@BerlinEduS" to (240)754-2058

### **Berlin Activities Depot After School Policies and Procedures**

**In order for the After School Program to run as smoothly and safely as possible, the following policy and procedures will be mandatory:**

#### Absences

A parent/guardian must notify B.A.D before 2:00 P.M if your child will not be attending school for any reason. This is so we will know if transportation is needed on that day. A **\$25.00** fee will be assessed for failure to adhere to this policy and will be strictly enforced.

#### Label Property and Lost and Found

Please label all items brought to B.A.D; coats, backpacks, water bottles, etc., and check lost and found weekly. B.A.D is not liable for any lost or stolen property.

#### School Closings

B.A.D will be open during most Days off School; camp hours will be from 7:45AM to 5:15PM. Early drop off is available from 7AM-7:45AM, late care is also available from 5:15PM to 6:15PM at an additional \$15 per week for extended Before/After care. If you need extended hours, please notify the front desk.

#### Inclement Weather

If Worcester County Schools are closed, Berlin Activities Depot may be closed. Please listen to local radio and TV stations for closings and sign up for Remind 101. If schools close early for inclement weather or emergency, B.A.D will pick up your child from school or the bus will drop them off at B.A.D. Additional fees will apply.

#### Illness

If your child becomes ill at B.A.D, the parent will be immediately notified and must be picked up as soon as possible. The following guidelines will be used for all children:

**Fever:** If you child has a temperature of 100 degrees or higher you will be notified and the child must be picked up.

**Diarrhea/Vomiting:** If a child has a liquid watery stool and/or is vomiting, the parent will be notified and the child must be picked up immediately.

**Medications:** We do not administer any medications to your child. Please do not send your child to B.A.D if he/she has a communicable disease or does not feel well enough to participate in all activities. Please do not forget to notify Twisters is your child will be absent due to illness.

\* 24 hour Return Policy for Sickness: Documentation from the child's pediatrician must be submitted to the center to note if the child is contagious or is able to return to the center. Children who have a temperature of 100.5 degrees or higher, are vomiting or have diarrhea, show symptoms of ringworm, lice, pink eye or another communicable disease will not be allowed at the center. If your child develops a symptom we will notify you, and you will be responsible for picking up your child immediately. If your child has one of the following symptoms then he/she may return the center (24) hours after all symptoms are gone and a doctor's note is provided. Also, for communicable diseases we require a doctor note stating your child has been seen and treated for the illness. Your child will not be allowed to attend until (24) hours after all symptoms are gone.

#### Late Pick Up Policy:

All After School Programs end at 5:15 P.M unless enrolled in extended after care programs. If the case you are running late you may call B.A.D in advance to sign your child up for late care for a \$15.00 fee until 6:15. If your child is here past designated enrollment time, your card on file will be automatically charged for the additional program charges. Your cooperation is greatly appreciated.

#### Parent Payment Obligation

I understand that my tuition is arranged to be made in a weekly or monthly installments.

I fully understand that if I choose, under any circumstances, to un-enroll my child in any B.A.D program I must provide B.A.D with the required written notice for the program.

Recreational/Developmental classes: One month notice

Competitive Teams: Two month notice by the 20<sup>th</sup> of the month

Monthly contracts require a two month notice prior to the end of the contract stating they will not be renewing their contract. This notice will be applied to the following month/2 months. The following 1 or 2 months after this notice will require payment. After the 2<sup>nd</sup> month, you are released of your contract with us.

**Before and After school programs require a one month notice due before the first of the month.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



**Welcome to Berlin Activities Depot**  
**Steps for Acceptance into our Program**

Now that you have decided to enroll your child please complete the following:

- Complete the bottom portion of this form and attach a check for one week tuition as a non-refundable enrollment fee, \$50 non-refundable annual curriculum/enrollment due every September 1<sup>st</sup> and upon first enrollment.
  - Once enrollment and curriculum fees and forms are received, your child will be placed on the waiting list (if necessary spot is unavailable)
    - When spot is available the Director will give required forms that need to be completed by parent
    - Once forms are completed and returned your child may begin.
- 

Please complete the following:

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Times Needed: \_\_\_\_\_

\_\_\_\_\_ Parent's Names:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone

Number: \_\_\_\_\_ Child's Start Date: \_\_\_\_\_

Email: \_\_\_\_\_

I am aware that enrollment and registration fees are not refundable due to  
cancellation.

Signature: \_\_\_\_\_

4 digit code you will remember: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Desired enrollment program:

**4:15-5:15PM** *\*Please number classes in order of preference beside each class offered daily\**

**Monday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ Ninja Nation
- ☐ Zoo Crew- homework help and mind work

**Tuesday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ Girls Gymnastics Beginner Level 2
- ☐ Karate
- ☐ Ninja Nation
- ☐ Zoo Crew

**Wednesday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ FAST ( Force agility sports training)
- ☐ Zoo crew

**Thursday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ Girls Gymnastics Beginner Level 2
- ☐ Ju Jitso
- ☐ Ninja Nation
- ☐ Boys gymnastics
- ☐ Zoo Crew

**Friday:**

- ☐ Open Gym

If extended care is needed, please select (1) class for your child to attend during extended care hours of the After School Program each day your child is enrolled:

**5:15-6:15PM**

**Monday:**

- ☐ Girls Gymnastics Beginner Level 2
- ☐ Ninja Nation
- ☐ Zoo Crew Room

**Tuesday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ Girls Gymnastics Beginnner Level 2
- ☐ FAST ( FORCE AGILITY SPORTS TRAINING)
- ☐ Zoo Crew Room

**Wednesday:**

- ☐ Girls Gymnastics Beginner Level 2
- ☐ Zoo Crew Room

**Thursday:**

- ☐ Girls Gymnastics Beginner Level 1
- ☐ Girls Gymnastics Beginner Level 2
- ☐ Ninja Nation
- ☐ Zoo Crew Room

**Friday: OPEN GYM**

Please note- if not room in the classes picked, the children will be assigned to the 2<sup>nd</sup> choice, if still no room- Zoo Crew will be assigned.



## EMERGENCY FORM

### INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

| Parent/Guardian Name(s) | Relationship | Phone Number(s)      |    |    |
|-------------------------|--------------|----------------------|----|----|
|                         |              | Place of Employment: | C: | H: |
|                         |              | W:                   |    |    |
|                         |              | Place of Employment: | C: | H: |
|                         |              | W:                   |    |    |

Name of Person Authorized to Pick Up Child (daily) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Any Changes/Additional Information \_\_\_\_\_

### ANNUAL UPDATES

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number



**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE**

| CHILD'S NAME _____                                       |                          |                                 |                  |                                 |                  |                        |                  |                  |        |                      |                   |                        |                                             |  |  |  |
|----------------------------------------------------------|--------------------------|---------------------------------|------------------|---------------------------------|------------------|------------------------|------------------|------------------|--------|----------------------|-------------------|------------------------|---------------------------------------------|--|--|--|
|                                                          |                          |                                 |                  |                                 | LAST             |                        |                  |                  |        |                      | FIRST             |                        |                                             |  |  |  |
| SEX: MALE <input type="checkbox"/>                       |                          | FEMALE <input type="checkbox"/> |                  | BIRTHDATE _____ / _____ / _____ |                  |                        |                  |                  |        |                      |                   |                        |                                             |  |  |  |
| COUNTY _____                                             |                          |                                 |                  |                                 | SCHOOL _____     |                        |                  |                  |        | GRADE _____          |                   |                        |                                             |  |  |  |
| PARENT NAME _____                                        |                          |                                 |                  |                                 |                  |                        |                  |                  |        | PHONE NO. _____      |                   |                        |                                             |  |  |  |
| OR<br>GUARDIAN ADDRESS _____                             |                          |                                 |                  |                                 |                  |                        |                  |                  |        | CITY _____ ZIP _____ |                   |                        |                                             |  |  |  |
| <b>RECORD OF IMMUNIZATIONS (See Notes On Other Side)</b> |                          |                                 |                  |                                 |                  |                        |                  |                  |        |                      |                   |                        |                                             |  |  |  |
| Vaccines Type                                            |                          |                                 |                  |                                 |                  |                        |                  |                  |        |                      |                   |                        |                                             |  |  |  |
| Dose #                                                   | DTP-DTaP-DT<br>Mo/Day/Yr | Polio<br>Mo/Day/Yr              | Hib<br>Mo/Day/Yr | Hep B<br>Mo/Day/Yr              | PCV<br>Mo/Day/Yr | Rotavirus<br>Mo/Day/Yr | MCV<br>Mo/Day/Yr | HPV<br>Mo/Day/Yr | Dose # | Hep A<br>Mo/Day/Yr   | MMR<br>Mo/Day/Yr  | Varicella<br>Mo/Day/Yr | History of<br>Varicella<br>Disease<br>Mo/Yr |  |  |  |
| 1                                                        |                          |                                 |                  |                                 |                  |                        |                  |                  | 1      |                      |                   |                        |                                             |  |  |  |
| 2                                                        |                          |                                 |                  |                                 |                  |                        |                  |                  | 2      |                      |                   |                        |                                             |  |  |  |
| 3                                                        |                          |                                 |                  |                                 |                  |                        |                  |                  |        | Td<br>Mo/Day/Yr      | Tdap<br>Mo/Day/Yr | FLU<br>Mo/Day/Yr       | Other<br>Mo/Day/Yr                          |  |  |  |
| 4                                                        |                          |                                 |                  |                                 |                  |                        |                  |                  |        | _____                | _____             | _____                  | _____                                       |  |  |  |
| 5                                                        |                          |                                 |                  |                                 |                  |                        |                  |                  |        | _____                | _____             | _____                  | _____                                       |  |  |  |

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a: ☐ Permanent condition OR ☐ Temporary condition until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Berlin Activities Depot must have a copy of your child's shot records, lead test and school records.**

### **Class Registration Parameters:**

Class enrollments are on a first come, first serve based on payments. Classes are considered "full" with 15 registrations, once 15 registrations are received classes will be closed. Second choice classes will be honored if your first preference is full. All classes, special events, clinics and programs require at least 3 registrations to run the class or will otherwise be cancelled. As classes fill, new classes/series will be opened. Transfers to new classes may be awarded.

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**Rules and Regulations:** I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. I understand that B.A.D has the right to alter or amend any, and all, rules and regulations, including those set forth in the Membership Agreement, and we agree to abide by all such amended rules and regulations. I acknowledge that we have been provided with a copy of all current rules and regulations. I understand that our membership and the right to use B.A.D facilities and programs may be suspended or terminated at any time, with or without cause.

**Additional Costs:** I understand and agree that there will be special events held at B.A.D including but not limited to, meets, camps, sleep-overs, etc., and these events all incur additional fees beyond the amounts set forth in this Agreement. I also understand and agree that the cost of uniforms, equipment, supplies and food items such as snacks are not included in the cost set forth above, and must be purchased separately. Also, on scheduled days off of school, there may be additional fees for field trips at an additional cost. Arcade games and additional snacks are not included. My child can **ONLY** charge for additional snacks or activities if permission is granted to card on file or a banked amount of money is on their account.

**Photographs:** I hereby authorize the center and its agents, successors and assigns to photograph me or my child(ren) and/or our voice without restriction and to utilize such photographs and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of B.A.D and I agree that I shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

**Payment:** I understand that my tuition is arranged to be made in weekly installments due by Monday or monthly installments due by the first of each month. Notice of cancellation shall be in writing and mailed to B.A.D by registered or certified mail. A late fee of \$15.00 will be assessed for any late payments due after the originally agreed time. Payment parameters cannot be changed.

**Purchase of Care Policy-** parents must pay full price until funds are received by center. Parents are responsible for all tuition in the event that purchase of care does not pay for any reason. Parents are responsible to recertify their vouchers as needed. Lapse in state subsidy will result in parent paying the full balance. All parents' copayment is due as outlined above.

**Consumer's Right to Cancellation** If you move your residence more than 15 miles from the school facility, cancellation under this section requires written proof of new permanent address, phone number, name and address of new employer and requires **30 day advanced written notice.**  
X \_\_\_\_\_ Parent/Guardian Initial

**Medication Administration:** Any (prescribed or over the counter) medicine must have a signed physicians form from our center giving our staff permission to administer the medication. The form must be completely filled out and in line with the prescription that must be on the container. The medications first dose must be given at home. The medication and form must be turned into the front desk. Medications will not be given without these guidelines. Medications not intended to be given at the center, but in a carrying tote for the child will be turned into the front desk for the safety of all of the children in care.

**Means of Communication:** It is the parents responsibility to sign up for our Remind 101 text message reminder. Collect calendars and know what the center has to offer and what is going on at the center. Berlin Activities Depot/Berlin Education Station has the right to change and modify any/all of these procedures as we see fit.

\_\_\_\_\_ I understand that I am automatically enrolled for the Summer program. If I wish to not attend B.A.D Summer program, all or part of the program, I must write my notice of intent by May 15<sup>th</sup>.

\_\_\_\_\_ I understand that Days off School are between the hours of 7:45AM and 5:15PM at an additional rate of \$35.00 per day for current members, extended morning care from 7AM-7:45AM or extended evening care from 5:15-6:15PM for an additional \$10 per day.

**I understand my rights as stated above**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



# Transportation Waiver

I \_\_\_\_\_, parent of \_\_\_\_\_ give permission to Twisters INC. to transport my child to and/or from school to Twisters. This may include: early dismissal, field trips, mini day trips, emergencies, etc. I will not hold Twisters INC. DBA Berlin Activities Depot or any of its employee's liable if/when any accident, injury or death occurs.

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Parent Signature

Date

**Class My Child will be attending at Twisters:**

\_\_\_ **Gym** Team  
\_\_\_ **After School** Program  
\_\_\_ **Recreational** Classes

**Day of Class:** Mon Tues Wed Thurs Fri Sat

**Time:** \_\_\_\_\_

**Extra Charges:** I understand that if there is time between transports and my child's class, I will be charged Open Gym:

**My Child attends the following school:**

☐ Showell ☐ OCES ☐ Southern Delaware school of the arts ☐ Worcester Prep ☐ Willards

**In the event of bomb Threats and emergencies at the school I would like Berlin Activities Depot to automatically pick up my student- I understand that I may incur fees: \_\_\_\_\_ Initials**

\_\_\_\_\_ I would like my child picked up for early dismissals. I understand that an additional \$10 per hour

fee is charged for open gym.

\_\_\_\_\_ I understand the following:





# Auto-Pay Sign Up

10008 Old Ocean City Blvd  
Berlin, MD 21811  
(410)629-0878

I authorize Twisters Inc. to charge my credit card in the amount of \_\_\_\_\_ weekly/monthly.

This payment is for \_\_\_\_\_ (child) enrolled in \_\_\_\_\_ (program). I also understand that my credit card number will go on file at Twisters for future payments that I may need to make.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Visa or Mastercard #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVS Code: \_\_\_\_\_

I authorize Twisters Inc. to charge the above card in the event that I am late paying my tuition on the required due date or for any incidentally my child may need. This will prevent any late payment charges from begin assessed to my account.

I would prefer for Twisters to charge my card on the date the charges are due.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Check if child has permission to charge snacks X \_\_\_\_\_ Date: \_\_\_\_\_ Amount to charge: \_\_\_\_\_  
(Signature)

Parental release: I understand that the member registration form is required to accompany this form at the time of sign up. I understand that this is a legally binding contract. I will provide another credit card to keep on file in the event of my current card expiring within the year of my contract. I have read and agree to follow the policies of Twisters Inc. I understand that my tuition must be paid before my child takes any classes. I also understand that Twisters does not issue refunds or credits, at the close of each session all classes missed will be wiped out. I understand this contract pertains to all classes. I understand that if I choose to un-enroll during my contracted time, that I am responsible to pay the remainder of the contracted amount. I will follow the general rules and tuition payment schedule. I also understand that if payment is not made by the given due date that my account with Twisters is subject to late payment penalties. I certify that my child has no major disabilities or conditions that could impair his/her active participation. I understand that in the event of a dispute, I am responsible to pay any and all legal/lawyer fees and costs that may occur. I understand that this contract automatically updates itself without written notice of withdrawal at least two weeks for recreational and two months for team classes, in advance.

X \_\_\_\_\_ I further understand that my credit card will be charged to agreed amount as stated above upon signing this agreement.

---

Parent/Guardian Signature

Date

Office Use Only:

Amount Due: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ Membership fee: \$ \_\_\_\_\_ Master List: \_\_\_\_\_ C.C: \_\_\_\_\_

Log Book: \_\_\_\_\_ File: \_\_\_\_\_ Front Desk Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Required to keep on file\***

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