



Berlin Community Connections
Sign Up Form - Session 1, 2025-2026
Kindergarten to 6th Grade

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Please circle the dates and sessions your child will be attending.

AND return by **August 22nd**.

Monday	Tuesday	Wednesday	Thursday	Friday
		August 27 AM	28 AM	29 AM
Sept 1 NO SCHOOL	2 AM	3 AM	4 AM	5 AM
8 AM	9 AM	10 AM	11 AM	12 AM
15 AM	16 AM	17 AM	18 AM	19 AM
22 AM	23 AM	24 AM	25 AM	26 AM
29 AM	30 AM	Oct 1 AM	2 AM	3 AM
6 AM	7 AM	8 AM	9 AM	10 AM

Please calculate your payment using the chart below

AM Care # of AM days X \$10-16/day Sliding Scale Fee = Total Cost of AM Care

Parent Signature _____

Phone(s) _____ Email(s) _____