

Child's Name & DOB \_\_\_\_\_ Current Grade \_\_\_\_\_ 2025/2026 School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

## **\*BCLC Summer Camp 2025\***

YES-- My child WILL be attending Summer 2025  NO-- My child will NOT be attending Summer 2025

### **\*\*\*NEW FOR SUMMER 2025-- Enroll for 3, 4 or 5 days-- ALL AGE GROUPS!\*\*\***

\*Schoolage children will need to enroll for FULL DAYS due to field trips, but Preschool and Pre-K children can enroll for full days, half days, or mixture of the two.\*

I would like to enroll my child for: 3 Days 4 Days 5 Days

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

SCHOOLAGE CHILDREN ONLY- Field Trip T-Shirt Size: YS YM YL YXL AS AM AL

*Reminder-- We do require a full-summer commitment-- May 27th- August 13th*

## **\*BCLC School Year- Fall 2025-2026\***

YES-- My child WILL be attending Fall 2025-2026  NO-- My child will NOT be attending Fall 2025-2026

I am enrolling my child in:

Preschool (3 years old by August 1st) Pre-Kindergarten (4 years old by August 1st)

School-Age K-5th (Before Care ONLY) School-Age K-5th (Aftercare ONLY)

School-Age K-5th (Before & Aftercare)

I would like to enroll my child for: 3 Days 5 Days

**\*NOTE: THE 3 DAY OPTION IS ONLY AVAILABLE FOR PRESCHOOL CHILDREN.\***

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

**Preschool & Pre-K children may enroll for a combination of full and half days.  
Start Date Monday, 8/18/25**

Teacher Preference Fall 2025/2026 \_\_\_\_\_

We will do our best to honor your request, but we can't guarantee placement. Keep in mind, we do not take teacher requests for Summer, nor do we take student requests. Thank you!

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name #1		Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone (if applicable)		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell# <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name #2		Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell# <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
<b>Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City		State	Telephone Number	

Child's Name
<b>Allergies, Special Health or Medical Conditions, and Medical Foods</b>
Fill in this section accurately and completely. Please note that if your child has a <b>current</b> health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.
Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental    Please list and explain:
Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.
Does your child have a developmental delay or special health or medical condition? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.
Is your child currently using any medication or medical food? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
If yes, does this medication or medical food need to be administered at the child care program/home? <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.
Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

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

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  
 No (If no, fill out the following:)

The program's policy is to check diapers every \_\_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule       I do not agree, please check my child's diaper every \_\_\_\_\_ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b><del>Do Not Give Permission to Transport</del></b>
Program or Home Name	<b>Do not sign both</b>	<del>Program or Home Name</del>
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<del>does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:</del>
Parent's Signature _____ Date _____		<del>Parent's Signature _____ Date _____</del>

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes  No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



## Form

Please read the following carefully before signing. Initial each statement below.

### Parent Handbook:

- 1.) I have received, read, and understand the written policies and procedures of Beaver Creek Christian Learning Center and will abide by these policies as stated in the Parent Handbook.
- 2.) I agree to have my child's Medical Statement and immunization records turned in no later than 30 days after the first day of attendance (new students) or 30 days after the expiration date of the existing Medical. Otherwise, my child is subject to be withdrawn from the center.
- 3.) I will not bring my child to the center if he/she has any of the following symptoms in a 24-hour period: vomiting, diarrhea, pink-eye, severe cough, skin rash, or a fever of 100 degrees or more.
- 4.) If my child becomes ill at the center, I will pick them up as soon as I am notified.
- 5.) I (or representative) will sign my child in/out as soon as they arrive at the center or they are picked up for the day.
- 6.) During the fall session, I agree to have my child(ren) here by 8:00am (Preschool) or 8:30am (Pre-K) to ensure that he/she is receiving the full benefits of the academic program.
- 8.) I agree to have my school age child here well before the departure of the BCLC bus times listed below:  
Parkwood/Shaw: 7:45am. Main: 8:15am. Trebein: 8:25am. Valley/Fairbook: 8:30am. \*\*\*Once the BCLC bus departs we will not be able to offer before care transportation.\*\*\*
- 9.) I will call/email/Procure message and report an absence or a late drop-off.
- 10.) \*\*\*I agree to notify BCLC of any direct exposures or positive COVID-19 cases within my household and abide by the center's policy as stated in the parent handbook.
- 11.) I will not drop off my child during the hours of 12:00pm-2:00pm per policy.

### Financial Compliance:

- 12.) I agree to pay for all charges incurred for my child, including but not limited to tuition, activity fees, late payment fees (\$25 each week account is not paid in full), and any additional charges that may incur. I will have my account paid in full by Friday at 6:00pm for the week that the child attends.
- 13.) If my account incurs 3 or more late fees, that is grounds for withdrawal.
- 14.) I agree that tuition is for my child(ren)'s guaranteed spot regardless of attendance.
- 15.) I agree that vacation days may not be used unless my account is paid in full.
- 16.) I agree to give two weeks' written notice of withdrawal for my child. A vacation week is not permitted to be used as part of your notice. I am responsible to pay for the two weeks regardless of attendance.

I have read and understand that I am responsible for all policies and procedures of Beaver Creek Christian Learning Center. In order to assure that the most quality care is provided, I must abide by these policies that are put in place.

Parent/Guardian Signature: \_\_\_\_\_

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

Responsible Party SSN#: \_\_\_\_\_

# Building for the Future

This childcare facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals:** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five components)
Milk Fruit OR Vegetable Grains or Bread* *Meat/Meat Alternate may replace entire grain up to 3x/week	Milk Meat or meat alternate Grains or bread Vegetable AND Fruit or Second Vegetable (If serving two vegetables they must be different foods)	Milk Meat or meat alternate Grains or bread Fruit Vegetable

**Participating Facilities:** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit childcare centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed private homes.
- **After School Care Programs:** Centers in low-income areas provide free snack and/or meal to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

**Eligibility:** State agencies reimburse facilities that offer non-residential day care to the following children:

- Children aged 12 and under,
- Migrant children aged 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

**Contact Information:** If you have questions about CACFP, please contact one of the following:

## Sponsoring Organization/Center

Beavercreek Christian Learning Center  
1850 N Fairfield Rd.  
Beavercreek, OH 45452  
Phone: 937-426-0079

## Ohio Department of Education and Workforce

CACFP Program Specialist  
25 S. Front Street, MS 303  
Columbus, OH 43215-4183  
Phone: 614-466-2945  
Toll Free: 1-800-808-6235

**Nondiscrimination:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

Ohio Department of Education - Office of Nutrition  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**ENROLLMENT FORM**

**Required Form for use by Child Care Centers and Head Start Programs**

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

**Instructions to Complete**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

**CENTER NAME**

**CHILD'S NAME**  
(please print)

**AGE**

**BIRTHDATE**

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE  
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

**SIGNATURE OF  
PARENT/GUARDIAN**

**DATE**

**DAY PHONE  
NUMBER**

**MAILING ADDRESS:  
STREET /APT.**

**CITY**

**ZIP CODE**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202)690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 8/2022



# ETHNIC and RACIAL DATA FORM

Agency/Daycare Center Beavercreek Christian Learning Center

Agency/Daycare Address 1850 N Fairfield Beavercreek, OH 45432

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name \_\_\_\_\_

Ethnic Category: Choose one \_\_\_\_\_

<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
<b>Non-Hispanic or Latino:</b>	

Racial Categories: Check all that apply

<b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<b>Other</b>	

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

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )	Date of Birth
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**Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):**

**Section A- EXAMINATION**

The above named child has been examined.

The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

The above named child does not have allergies OR is allergic to the following (*please list in space below*):

*Check below, if applicable:*

Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
-------------------------------------------------	---------------------

Name of Examining Health Care Practitioner	Telephone Number
--------------------------------------------	------------------

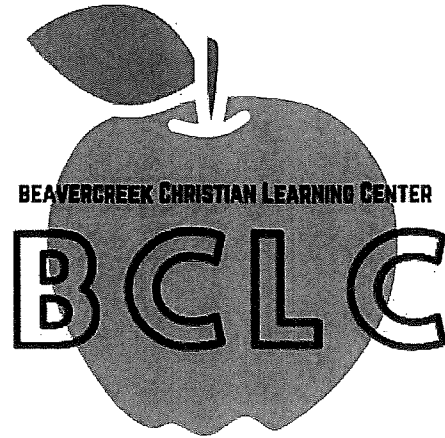
Street Address	City, State and Zip Code
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**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.**

**IMMUNIZATION (Complete ONLY ONE SECTION below)**  
**Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:**  
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

<p><b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b></p> <p><input type="checkbox"/> The above named child has been immunized against the diseases listed above.</p> <p><i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i></p>	<p>Initials of Examining Health Care Practitioner</p>   <p>Date</p>
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<p><b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b></p> <p><input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):</p>	<p>Signature of Parent</p>   <p>Date</p>
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1850 N. Fairfield Rd. Beaver Creek, Ohio 45432  
Phone: (937) 426-0079 Fax: (937) 426-2490

## Permission to Transport

**\*\*\*Schoolage children ONLY– Kindergarten-5th Grade\*\*\***

.....  
Beaver Creek Christian Learning Center has permission to transport my child to and/or from \_\_\_\_\_ (name of elementary school) for the 2025/2026 school year.

Name of Student: \_\_\_\_\_

Grade for 2025/2026 School Year: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Phone Number of Parent/Guardian: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BEAVERCREEK CHRISTIAN LEARNING CENTER

**BCLC**

1850 N. FAIRFIELD ROAD, BEAVERCREEK, OH 45432

(937)426-0079 FAX (937)426-2490

EMAIL: BCLC@BEHOPE.CHURCH

# Welcome to BCLC!

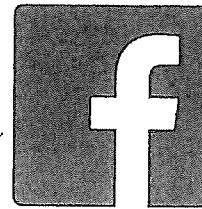
We are so happy you have chosen to be a part of the BCLC family! We are committed in helping your child learn and grow!



**Procure**  
SOLUTIONS

Download the  
Procure app!

- Parent/Teacher communication
- Contactless sign in/out
- Calendar events
- Menu
- Go to myprocure.com for:
  - online payments
  - customer statements
  - tax information



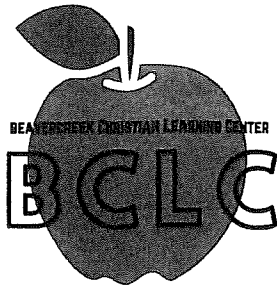
Follow Beaver Creek Christian Learning Center on Facebook to receive updates and see posts from our center!



Go to WHIO.com to receive alerts regarding school closings/delays for Beaver Creek Schools and BCLC

*Children are a gift from the Lord. They are a reward from Him.*

*Psalm 127:3*



## 2025 Summer Tuition and Fees

**Hours of Operation:** 6:30am-6:00pm  
**Meals Served:** AM Snack, Lunch, PM Snack  
We care for children 3 years old through 5th grade.  
**Children must be potty trained!**  
Additional child discounts are applied to the lowest weekly tuition.

### Fees due upon enrollment

- **Deposit Fee** (non-refundable): \$75 individual/\$100 family
- **Activity Fee-** \*This covers all activities for the summer session.\*
  - Preschool and Pre-K: Typically between \$115-\$125 per student
  - School Age: Typically between \$140-\$150 per student

### Additional fees

- \$25 Late Payment Fee
- \$25 Returned check fee (after two checks have been returned)
- Late Pickup Fee- \$1/minute after 6:00pm. May apply to half day students if late pick ups become excessive.

## PRESCHOOL & PRE-K TUITION RATES

### **Full Day Program**

5 Days\* \$50.00 per day/\$250 per week  
4 Days\* \$57.50 per day/\$230 per week  
3 Days\* \$70.00 per day/\$210 per week

### **Additional Child Rate- Full Day**

\* \$47.00 per day/\$235 per week  
\* \$53.75 per day/\$215 per week  
\* \$65.00 per day/\$195 per week

### **Half- Day Program**

5 Days\* \$40.00 per day/\$200 per week  
4 Days\* \$43.75 per day/\$175 per week  
3 Days\* \$50.00 per day/\$150 per week

### **Additional Child Rate- Half Day**

\* \$37.00 per day/\$185 per week  
\* \$40.00 per day/\$160 per week  
\* \$45.00 per day/\$135 per week

## SCHOOL AGE RATES (K-5)

### **Full Day Program**

5 Days\* \$50.00 per day/\$250 per week  
4 Days\* \$57.50 per day/\$230 per week  
3 Days\* \$70.00 per day/\$210 per week

### **Additional Child Rate- Full Day**

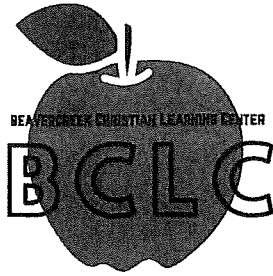
\* \$47.00 per day/\$235 per week  
\* \$53.75 per day/\$215 per week  
\* \$65.00 per day/\$195 per week

*Tuition is billed out every Monday and due by 6:00pm that Friday. Late payment fees are applied if payment isn't made on-time.*

*If your account is 2 weeks past due, your child will not be able to attend unless the account is paid in full.*

*We operate on a "FLAT FEE" schedule, therefore tuition remains the same even if the center is closed for a holiday, weather related, etc.*

**\*\$5 per child weekly discount if paying with cash or check.\***



## 2025-2026 School Year Tuition and Fees

**Hours of Operation:** 6:30am-6:00pm  
**Meals Served:** AM Snack, Lunch, PM Snack  
 We care for children 3 years old through 5th grade.  
**Children must be potty trained!**  
 Additional child discounts are applied to the lowest weekly tuition.

### Fees due upon enrollment

- **Deposit Fee** (non-refundable): \$100 individual/\$150 family
- **Activity Fee-** \*This covers all activities for the fall session.\*
  - Preschool and Pre-K: Typically between \$130-\$145 per student

### Additional fees

- \$25 Late Payment Fee
- \$25 Returned check fee (after two checks have been returned)
- Late Pickup Fee- \$1/minute after 6:00pm. May apply to half day students if late pick ups become excessive.

### PRESCHOOL & PRE-K TUITION RATES

#### **Full Day Program**

5 Days\* \$50.00 per day/\$250 per week  
 3 Days\* \$70.00 per day/\$210 per week

#### **Additional Child Rate- Full Day**

\* \$47.00 per day/\$235 per week  
 \* \$65.00 per day/\$195 per week

#### **Half- Day Program (8-12 PS/8:30-12:30 PK)**

5 Days\* \$40.00 per day/\$200 per week  
 3 Days\* \$50.00 per day/\$150 per week

#### **Additional Child Rate- Half Day**

\* \$37.00 per day/\$185 per week  
 \* \$45.00 per day/\$135 per week

### SCHOOL AGE RATES (K-5)

#### **Before Care Only**

5 Days\* \$25.00 per day/\$125 per week

#### **Additional Child Rate**

5 Days\* \$23.00 per day/\$115 per week

#### **After Care Only**

5 Days\* 28.00 per day/\$140 per week

#### **Additional Child Rate**

5 Days\* \$26.00 per day/\$130 per week

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

5 Days\* \$33.00 per day/\$165 per week

#### **Additional Child Rate**

5 Days\* \$31.00 per day/\$155 per week

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*We operate on a "FLAT FEE" schedule, therefore tuition remains the same even if the center is closed for a holiday, weather related, etc.*

**\*\$5 per child weekly discount if paying with cash or check.\***