

Parent 1:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell phone: _____ Work Phone: _____
Email: _____

Parent 2:

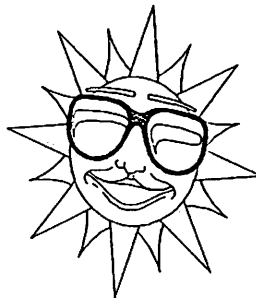
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell phone: _____ Work Phone: _____
Email: _____

Child 1: Name: _____ **Gender:** _____
Birth date: _____ **Grade in Sept.** _____
School: _____

Child 2: Name: _____ **Gender:** _____
Birth date: _____ **Grade in Sept.** _____
School: _____

Child 3: Name: _____ **Gender:** _____
Birth date: _____ **Grade in Sept.** _____
School: _____

Does your child(ren) have any special physical needs, emotional needs,
or allergies? _____



**ADVENTURE TIME
SUMMER DAY CAMP**

ADVENTURE TIME SUMMER DAY CAMP Expanded Learning Opportunities Program (ELOP) 2023 APPLICATION

Students identified "unduplicated" in the Fremont Unified School District can participate the ELOP program at no cost. Unduplicated refers to students who are designated in one or more of the following categories: English Learners, Foster Youth, homeless students, migrant students, and students who are free or reduced-price meal eligible under the National School Lunch Program (NSLP).

Students must be pre-approved for the ELOP program by the Fremont Unified School District. For information regarding ELOP program approval, please contact Steven Musto, FUSD Assistant Director of Extended Learning, at smusto@fusdk12.net. Thank you.

The age range for the Adventure Time Summer Day Camp program is four years nine months (and entering kindergarten) through entering sixth grade and no older than twelve years. Please return this form,

*Half-day Times Available		*Full-day Times Available			<i>Enrollment is on a first-come first-served basis.</i> Summer Day Camp at Mattos and Parkmont open at 7 a.m. and close at 6:00 p.m. Monday through Friday.
7:00-12:00	12:00-4:00	7:00-4:00	7:00-6:00	8:30-5:00	
7:30-12:00	12:00-4:30	7:00-4:30	7:30-6:00	8:30-5:30	
7:00-1:00	12:00-5:00	7:30-4:00	8:00-4:00	8:00-6:00	
7:30-1:00	12:00-5:30	7:30-4:30	8:00-4:30	8:30-6:00	
8:00-12:00	12:00-6:00	7:00-5:00	8:30-4:00	9:00-4:00	
8:30-12:00	1:00-4:00	7:00-5:30	8:30-4:30	9:00-4:30	
8:00-1:00	1:00-4:30	7:30-5:00	8:00-5:00	9:00-5:00	
8:30-1:00	1:00-5:00	7:30-5:30	8:00-5:30	9:00-5:30	
9:00-12:00	1:00-5:30			9:00-6:00	
9:00-1:00	1:00-6:00	* Times must be from the list above.			

All schedule changes must be approved in advance by an Adventure Time Head Teacher or Supervisor.
Please enter the weeks, days, and times desired. Times must be from the list of times available.

_____ June 5 — June 9	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ June 12 - June 16	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ June 19 - June 23	(Min. 2 days / week):	M CLOSED	T _____	W _____	Th _____	F _____
_____ June 26 - June 30	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ July 3 - July 7	(Min. 1 day / week):	M _____	T CLOSED	W _____	Th _____	F _____
_____ July 10 - July 14	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ July 17 - July 21	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ July 24 - July 28	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____
_____ July 31 - Aug. 4	(Min. 2 days / week):	M _____	T _____	W _____	Th _____	F _____

Programs will be closed on June 19 in honor of the Juneteenth holiday and July 4 in honor of the Fourth of July holiday.

At which one of our sites will your child(ren) attend the Summer Day Camp?

_____ Mattos. _____ Parkmont



Credit Card Payment

We accept Visa, Mastercard, Discover, and American Express credit cards. To charge your payment, please complete this form, and mail it to us at: Adventure Time, P.O. Box 5009, Berkeley, CA 94705, fax it to: 510-658-9102, or email to: customerservice.adventuretime@gmail.com.

You may also pay by credit card on our website:

www.adventure-time.com

All of the information must be complete. Thank you.

Amount you would like to charge: \$ _____

Credit card: ___ VISA ___ MASTERCARD DISCOVER ___ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____ **SECURITY CODE:** _____

Expiration date: ____/____ (MM/YY)

Name as it appears on the credit card: _____

Summer Camp account number: _____

Child's name: _____

Credit card billing address: _____

_____ **Zip Code:** _____

Print your name: _____

Phone number: _____

- This is a one time payment or
 Weekly recurring payments, which take place on Thursdays for the weeks when your child/children attend.

Signature: _____

Post Office Box 5009, Berkeley, CA 94705-0009