

**BILL TO:** \_\_\_\_\_ Email address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Signature of person responsible for billing:**  
\_\_\_\_\_ Date: \_\_\_\_\_

**Parent 1:**  Send statement to this address.  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Parent 2:**  Send statement to this address.  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**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 2024 APPLICATION

A \$45.00 non-refundable, non-transferable registration fee (per family) along with your non-refundable deposit must be attached to this form to guarantee your child's space. The \$45.00 registration fee is not a credit against tuition.

**A \$30.00 non-refundable, non-transferable deposit per child is required for each week you wish to reserve. This deposit will be credited toward your tuition each week.** For example, if you wish to reserve three weeks for one child, the deposit would be \$90.00 (three weeks times \$30.00). The deposit would be credited to your account \$30.00 per week. The tuition for the first week of attendance is due before attendance begins. The age range for the Adventure Time Summer Day Camp program is children entering kindergarten through entering sixth grade and no older than twelve years. Please return this form, your registration fee, and deposits to: Adventure Time, P.O. Box 5009, Berkeley, CA 94705-0009

*Half-day Times Available	*Full-day Times Available	<i><u>Enrollment is on a first signed up, first served basis.</u></i>
7:00-12:00    12:00-4:00	7:00-4:00    7:00-6:00    8:30-5:00	<i>Confirmation of enrollment will be sent along with a payment schedule upon receipt of your application, registration fee, and deposits. If space is not available, your application fee and deposits will be returned.</i>
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		

All sites open 7:00 a.m.- 6:00 p.m.

We are unable to give credit or refunds for absences.

**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.**

<input type="checkbox"/> June 3 - June 7	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> June 10 - June 14	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> June 17 - June 21	(Min. 1 day / week):	M	T	W Closed	Th	F
<input type="checkbox"/> June 24 - June 28	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> July 1 - July 5	(Min. 1 day / week):	M	T	W	Th Closed	F
<input type="checkbox"/> July 8 - July 12	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> July 15 - July 19	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> July 22 - July 26	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> July 29 - Aug. 2	(Min. 2 days / week):	M	T	W	Th	F
<input type="checkbox"/> Aug. 5 - Aug. 9	(Min. 2 days / week):	M	T	W	Th	F

Please note: All programs will be closed on June 19 in honor of Juneteenth. All programs will be closed on July 4 in honor of the Fourth of July holiday.

A \$25.00 late payment will be charged for payments received after the first day of attendance each week.

Registration Fee (not credited toward tuition):                    + 45.00  
Number of weeks times \$30.00 per week per child:            + \_\_\_\_\_  
Total enclosed:    \_\_\_\_\_

My child will attend:

Independent     Glenmoor     Niles

If your school year account was enrolled in autopay, would you like to continue autopay for the Summer Day Camp?     yes     no



## 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](mailto:customerservice.adventuretime@gmail.com).

You may also pay by credit card on our website: [www.adventure-time.com](http://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