

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?



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



Summer Day Camp

Emergency Information

To Be Completed by Parent or Guardian

Child's Name: _____ Telephone: _____
Address: _____ Birthdate: _____

Parent One Name: _____ Business Phone: _____
Home Address: _____ Home Phone: _____
Cell Phone: _____

Parent Two Name: _____ Business Phone: _____
Home Address: _____ Home Phone: _____
Cell Phone: _____

Person Responsible for Child: _____
Home Phone: _____ Cell Phone: _____

Does your child have any allergies? If so, to what is he/she allergic? _____

Does your child have any special needs or required medications? If so, please explain:

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

Name:	Address:	Telephone:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICIAN TO BE CALLED IN EMERGENCY

Name: _____ Phone: _____

Address: _____

If physician cannot be reached, what action should be taken?

Call emergency hospital Other _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(Child will not be allowed to leave with any other person without written authorization from parent or guardian client)

Name:	Relationship:
_____	_____
_____	_____
_____	_____

Signature of parent or guardian: _____ Date: _____

Parent/Guardian comments: _____



Disaster Release Information

Child's Name: _____ Grade: _____
 Child's Birthdate: _____

Name of Parent/Guardian 1: _____ Work Phone: _____
 Cell phone: _____
 Name of Parent/Guardian 2: _____ Work Phone: _____
 Cell phone: _____

Home Address: _____

Email: _____

Out of Area Contact Person: _____ Cell Phone: _____

List any medical and/or other special physical or emotional problems or needs that should be known:

List any allergies/medications required: _____

In case of emergency your child can be released only to any of the following people (list as many as you need):

<u>Print Name</u>	<u>Phone Number</u>	<u>Signature</u> <u>(at time of emergency)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to ADVENTURE TIME to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for:

Name of Child(ren) _____

This care may given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

_____ **Date** _____ **Parent/Agency Representative/Guardian Signature**

Name of Physician: _____ Phone: _____



Parent Agreement Summer Day Camp 2024

Dear Parent,
Please sign and
return this to us
on or before
your child's
first day of
attendance.
Thank you!

Adventure Time is operated by the Tuller Corporation, a non-profit corporation. Tuition is used solely to support the operating expenses of the program. Parents/guardians agree to conform to the Enrollment and Billing Policies explained in the Adventure Time Summer brochure.

As the parent or legal guardian, I promise to pay tuition for my child's enrollment in the Adventure Time Summer Day Camp 2024 program according to the tuition rates stated in the Summer Adventure Time brochure for the hours and dates for which I enrolled my child. Tuition is due by the first day of each week that my child is enrolled. Tuition for the first week's enrollment is due before attendance begins in the Summer 2024 program. Parent agrees to pay tuition based on \$11.00 per hour for full day and \$11.50 per hour for half day. If tuition is not received by the due date, a \$25.00 late payment fee will be charged for each week tuition is late. Adventure Time may request that payment be made in the form of cash, money order, or cashier's check. If tuition collection action becomes necessary, parent/guardian agrees to pay just court costs and reasonable attorney's fees as well as other costs involved in collection including, but not limited to, Federal Express or certified mail charges, collection agency costs, court costs and attorney's fees. If any account with Adventure Time has been turned over to a collection agency, the full balance due the agency must be paid as well as any costs or fees incurred by Adventure Time related to collecting that debt before a child may re-enroll. Full day and half day tuition rates apply to attendance which is scheduled in advance. Any other time a child attends will be charged at the higher drop-in rate. No credit can be given for absences. Enrollment for certain days or weeks of attendance may be canceled in advance of attendance if notice is given to Adventure Time by 4:00 p.m. the Friday of the week before attendance. In such cases, the non-refundable deposit will not be refunded or credited toward other tuition charges, however, no further payment will be required for that canceled time. If enrollment for certain days or weeks of enrollment are canceled after those dates have passed, however, full tuition for that time must be paid. If a child's enrollment has been discontinued due to non-payment, or if the account with Adventure Time has been turned over to a collection agency, the full balance due the agency and Adventure Time must be paid as well as any costs or fees incurred by Adventure Time related to collecting that debt before the child may be considered for re-enrollment. Adventure Time is required to provide sign-in/sign-out logs by the State of California Licensing Department; the logs are not used for billing purposes except for audits of accounts and resulting drop-in charges. Families are billed for tuition according to the weekly schedule they have provided Adventure Time on their enrollment application. Parents requesting copies of sign-out logs will be charged \$1.00 per page to cover our labor and copying costs.

Schedule changes must be approved in advance by the Site Director or Program Supervisor, and only one schedule change or cancellation of a scheduled week is allowed each month. Drop-ins must be approved by an Adventure Time Site Director or Supervisor. Any schedule changes, drop-ins, or requests for extra hours of attendance may be denied based on teacher:child ratios or other safety concerns. Children who are enrolled for hours and days when field trips occur have priority in attending those trips. Children who are not enrolled for the hours and days of field trips may attend those trips by obtaining prior approval from an Adventure Time Site Director, Supervisor, or Director, Mimi Albert on a space available basis only. Additional tuition must be paid for any extra hours attended. Schedule changes or cancellation of weeks of enrollment may not be made retroactively.

It is essential that parents let us know of any physical or emotional problems or special needs that their child(ren) may have. Failure to do so may result in discontinuance of enrollment. If a child's enrollment is discontinued due to non-payment of tuition by due dates, future enrollment in Adventure Time programs will not be allowed. Adventure Time will reasonably accommodate any children with special needs, but a child must be able to function in a 14:1 child:teacher ratio and not require 1:1 supervision. Children must be able to take care of their own toileting needs to qualify for enrollment in Adventure Time and have no elimination accidents. Staff members may not lift children to assist with toileting needs.

It is the responsibility of the parent/guardian to check bulletin boards in the Adventure Time classroom.

We request that you provide the name and phone number of another person authorized to pick up your child in the event that you are unable to do so by closing time. Our school district leases and our insurance both specify that we are not to have children in our programs after closing time. If a child is picked up after closing, there is a \$15.00 late pick-up charge for each fifteen minute interval after closing. In case of any emergency, we must have a way to reach a parent, guardian, or other responsible adult by telephone. ELOP families are required to pay staff directly. Failure to do so will result in discontinued enrollment.

Any check returned to us by the bank will be subject to a \$10.00 charge for the first bad check and a \$20.00 charge for the second. If we receive a second bad check from a family, we will require that all future tuition payments be made by cashier's check, money order, credit card, or cash. Any bad checks we receive must be replaced by cash, cashier's check, credit card, or money order.

Enrollment in the Adventure Time Summer Day Camp program is for the Summer 2024 session only. Re-enrollment is required to continue on for the 2024-2025 school year, and in no way signifies enrollment in the public elementary school where the Summer 2024 session is held. Please note that although children may bring toys or other items from home, we cannot accept responsibility for those items.

With the required paperwork completed by parents prior to a child's attendance, it is Adventure Time policy to offer the following incidental medical services: administer prescription and non-prescription medications, nebulizer/inhalers, and EpiPens. The incidental medical services that Adventure Time will not offer include: glucose blood tests, glucagon, G.I. tubes, injections, and ileostomy bags. Parents will need to provide a trained adult to perform these procedures as needed.

Adventure Time will continue to follow CDC guidelines.

