

BILL TO (Person responsible for payments):

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of person responsible for payments:

_____ Date: _____

Check here if parent 2 lives at a different address and you want him/her to receive copies of the monthly statements.

PARENT 1:

Email address: _____

Name: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Phone number home: _____ Cell: _____

Phone number work: _____

Employer name & address: _____

PARENT 2:

Email address: _____

Name: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Phone number home: _____ Cell: _____

Phone number work: _____

Employer name & address: _____

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

Do you have any concerns about your child(ren)'s behavior or development?

Are there any foods your child(ren) cannot eat because of allergies?

I understand that a child must be enrolled in the elementary school where Adventure Time is located before enrolling in Adventure Time. If not, enrollment in Adventure Time will be denied.

Parent signature _____ Date _____



ENROLLMENT APPLICATION

SCHOOL YEAR

Was your child(ren) enrolled in Adventure Time last school year? YES NO

Site Director Signature <hr style="width: 80%; margin: 0 auto;"/> Date	For Office Use:
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Please include an \$85 non-refundable application fee. This fee helps defray the costs involved in setting up your account. If this application is submitted before July 1, you will be billed for one-and-one half month's tuition at the beginning of August. If you submit this application after July 1, also include one-and-one-half month's tuition (see tuition schedule). Minimum enrollment is 5 hours per week per child. We are unable to process your application without these payments. Thank you.

Please enter your child(ren)'s schedule at Adventure Time. Do not list school hours.

Child 1: First Name _____ Last Name _____ Gender: _____
 Birth Date _____ Grade in Sept. _____ School _____ Start Date: _____
Necessary to process your application

M	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
T	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
W	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
TH	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
F	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

Child 2: First Name _____ Last Name _____ Gender: _____
 Birth Date _____ Grade in Sept. _____ School _____ Start Date: _____
Necessary to process your application

M	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
T	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
W	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
TH	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
F	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

Child 3: First Name _____ Last Name _____ Gender: _____
 Birth Date _____ Grade in Sept. _____ School _____ Start Date: _____
Necessary to process your application

M	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
T	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
W	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
TH	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
F	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

Please check: New Enrollment Adding a child to existing account # _____ Enroll in Autopay? yes no

Post Office Box 5009, Berkeley, CA 94705-0009



Credit Card Payment

We accept Visa, Mastercard, and Discover credit cards. To charge your payment, please complete this form, and email it to us at: customerservice.adventuretime@gmail.com, fax it to: 510-658-9102, or use the payment link on this website. All of the information must be complete. Thank you.

Amount you would like to charge: \$ _____

Credit card: *please check one* VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____ **CVV CODE:** _____

(The 3 digit CVV security code may be found on the back of your credit card next to your signature.)

Expiration date: _____ / _____ (MM/YY)

Name as it appears on the credit card: _____

Adventure Time account number: _____

Child's name: _____

Credit card billing address: _____

_____ Zip Code: _____

Print your name: _____

Phone number: _____

This is a one time payment or

This is a monthly recurring payment charged between the 13th and the 17th of the month prior to the due date for the following billing period (ex. February payment would be charged between January 13-17). Each billing period, the total balance due on the account will be charged.

Signature: _____

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