State:	Zip:
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State:Cell phone:	Zip:
G Grade in Sept	Gender:
Grade in Sept	Gender:
Grade in Sept	Gender:
	State:State:Cell phone:





# ADVENTURE TIME SUMMER DAY CAMP Expanded Learning Opportunities Program (ELOP) 2024 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 Tir	mes Available	*Full-da	y Times Avail	able	Enrollment is on a first signed up. first served basis.
7:00-12:00	12:00-4:00	7:00-4:00	7:00-6:00	8:30-5:00	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.
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	All sites open 7:00 a.m 6:00 p.m.
8:30-1:00	1:00-5:00	7:30-5:30	8:00-5:30	9:00-5:30	
9:00-12:00 9:00-1:00	1:00-5:30 1:00-6:00	* Times must be from	the list above.	9:00-6:00	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.

June 3 - June 7	(Min. 2 days / week):	M	.T	W	_Th	. F	
June 10 - June 14	(Min. 2 days / week):	M	T	W	_Th	.F	
June 17 - June 21	(Min. 1 day / week):	M,	_T	W Closed	Th	_F	
June 24 - June 28	(Min. 2 days / week):	M	T	W	_Th	. F	
July 1 - July 5	(Min. 1 day / week):	M	T	W	_Th Closed	F	
July 8 - July 12	(Min. 2 days / week):	M	T	W	_ Th	_ F	
July 15 - July 19	(Min. 2 days / week):	M	Τ	W	_ Th	_ F	
July 22 - July 26	(Min. 2 days / week):	M	T	W	_ Th	_ F	
July 29 - Aug. 2	(Min. 2 days / week):	M	T	W	_ Th	_ F	
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.

My child will attend:
Glenmoor Niles



## **Summer Day Camp** Emergency Information To Be Completed by Parent or Guardian

Child's Name:		Telephone:					
Address:		Birthdate:					
Parent One Name:		Rueiness Phor	no'				
Home Address:		Business Phone:					
Tionie Address.	<del></del>	Florite Friorie.					
Parent Two Name:		Rusiness Phon					
Home Address:		Business Phone: Home Phone:					
110111C / (da1C33		Cell Phone:					
Person Responsible	for Child:		<del></del>				
Person Responsible for Child: Cell Phone:							
	e any allergies? If so, to v	what is he/she allergic?	>				
Bood your orma nav	o uny unorgioo. In oo, to v	vilat lo mozorio allorgio.					
Does your child hav	e any special needs or rec	uired medications? If	so, please explain:				
		40V DE 0411 ED 111 E					
	IONAL PERSONS WHO N						
Name:	Address:	Telephone:	Relationship:				
			<del></del>				
			-				
	PHYSICIAN TO BE C	ALLED IN EMERGEN	ICY				
Name:			<del></del>				
Address:							
If physician cannot I	oe reached, what action sh hospitalOther_						
our ciriorgoney	1100pilai0iiioi						
NAMES O	F PERSONS AUTHORIZE	D TO TAKE CHILD F	ROM THE FACILITY				
			ten authorization from parent				
or guardian client)	owou to loave with any our	or porcon wancar with	on addicination nom parom				
Name:		Relation	ship:				
ranio.							
	-		<del></del>				
Signature of parent	or guardian:	Date:					
	mments:						
. arona addididin oo							
	Post Office Box 5009, Be	rkelev. California 947	705-0009				



### Disaster Release Information

Child's Name:		Grade:			
Name of Parent/Gu	uardian 1:	Work Phone:			
		Cell phone:			
Name of Parent/Gu	uardian 2:				
Home Address:		Cell phone:			
Email:					
Out of Area Contac	t Person:	Cell Phone:			
List any medical ar that should be know	wn:	cal or emotional problems or needs			
List any allergies/m	edications required:				
people (list as man  Print Name	y as you need):  Phone Number	Signature (at time of emergency)			
As the parent, ager to ADVENTURE TII scribed by a duly lic Name of Child(ren)	CONSENT FOR MEDICA acy representative or lega ME to provide all emergen censed physician (M.D.) of	AL TREATMENT Il guardian, I hereby give consent ncy dental or medical care pre- or dentist (D.D.S.) for:			
Date	Parent/Agency Rep	resentative/Guardian Signature			
Name of Physician:		Phone:			
		105.0.01			

435.3.24



#### Parent Agreement Summer Day Camp 2024

Page One

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 signin/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 incidential 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.



#### Parent Agreement Summer Day Camp 2024

Page Two

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

A child's enrollment may be discontinued for the following reasons: 1. Consistent or unusual behavior problems, 2. Non-payment of tuition or fees by the due dates, 3. Health or other problems or special needs which require supervision beyond our normal teacher/child ratio, 4. Parent or Guardian speaking or acting in an abusive or disrespectful manner to staff, 5. racism or racist remarks. Five days notice will be given parents/guardians before a child is dropped from an Adventure Time program except in circumstances where the safety of the child or other children in the program is a concern. A child may be temporarily suspended from the program as a result of behavior problems. The possibility of a family returning to Adventure Time after a suspension or discontinued enrollment is at the sole discretion of Adventure Time Directors and Supervisors. If requested by, and at the full discretion of Adventure Time, enactment of our "three strikes' protocol or a parent conference with Supervisors and or Directors may be necessary for continued enrollment, if a child is exhibiting unsafe or inappropriate behavior, including, but not limited to; not following Adventure Time's posted rules, being uncooperative with Adventure Time teachers, being physically or verbally abusive, exhibiting unsafe behaviors towards self or others including biting other children or Adventure Time staff. In a conference, Adventure Time staff may work with parents to develop a plan of action to eliminate the inappropriate behaviors, in an attempt to avoid the discontinued enrollment of the child.

An agent from California Department of Social Services or Child Protective Services may inspect and interview a child enrolled in Adventure Time without prior notice. Parents have the right to review licensing reports which are available at: Community Care Licensing, 1515 Clay Street, Oakland, CA 94612.

For the safety of your child, a staff member may ask for identification from any person attempting to pick-up your child from the program.

In case of a local emergency or natural disaster, please check our website (www.adventure-time.com) for the operating status of Adventure Time locations.

If any Adventure Time employee performs work or services beyond his or her Adventure Time employment hours, for a parent or guardian, client, or non-client of Adventure Time, it is understood and agreed that the employee does not represent Adventure Time in doing this work or performing these services and that Adventure Time is in no way responsible or liable for this work, service, or the actions or behavior of the employee. This may include, but is not limited to, babysitting; housesitting; or transporting minors or others by car, bus, or public transit. Any such act by an Adventure Time employee is outside the course and scope of his or her employment with Adventure Time. Such act is not authorized nor endorsed by Adventure Time expressly waives any and all liability for the acts of its employees, nealigent or otherwise, while he or she is performing work beyond Adventure Time employment hours.

It is understood and agreed to that if a party sues Adventure Time, and that party receives an unfavorable verdict (in whole or in part) from the court, that party will pay all attorney fees and other associated costs which Adventure Time incurs due to the suit. Thirty days notice will be given regarding any changes in the Parent Agreement or in tuition rates during the period which this agreement covers.

I hereby consent to have my child participate in walks or rides away from the school grounds using public transportation or private automobile. I agree that Adventure Time may use photographs of my child in program brochures, emails, or advertisements for Adventure Time.

If your child has been ill and is sufficiently recovered to return to school or has a chronic condition (such as allergies or asthma), our staff members will give medication prescribed by a physician. In order to comply with Department of Social Services regulations, the medication must: 1. Be in its original container from the pharmacy 2. Carry a date within one month of the date this request is made. We must have a note or letter signed by the child's doctor stating the name of the medication as well as the amount and frequency of dosages. Parent or guardian must complete and sign the "Request To Administer Medication" form available in our classroom. Adventure Time staff must be informed if a child is taking any kind of medication. Children that require medication for chronic conditions, (such as allergies or asthma) must have all required forms, doctor's note, and medication on site prior to attending our program.

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:)

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. It is understood that a conscientious effort will be made to notify me or other persons listed on my emergency form before such action is taken, but if it is impossible to locate me or the above persons, the expense of this service will be accepted by me. ELOP families also accept the expense of this service.

#### Arbitration Agreement:

- (a) Any controversy between Adventure Time and a parent involving the construction or application of any of the terms, provisions or conditions of this agreement shall be submitted to arbitration on the written request of either party served on the other.
- (b) Arbitration shall comply with and be governed by the provisions of the California Arbitration Act, California Code of Civil Procedure Sections 1280 through 1294.2, which is incorporated herein by reference.
- (c) Adventure Time and parent shall each appoint one person to hear and determine the dispute and, if the two persons so selected are unable to agree, those two persons shall select a third impartial arbitrator whose decision shall be final and conclusive upon both parties.
- (d) The result of arbitration hereunder shall be binding upon the parties.
- (e) For purposes of the above arbitration provisions, the terms "Adventure Time" and "party" shall include Adventure Time Extended Day Care, and any of its divisions and subsidiaries, which provide any services to a parent or student from time to time. The term "parent" shall include any party to this agreement, as well as any person(s) affected by this agreement. The term "student" shall include any person who is provided any services by Adventure Time, as well as any person(s) affected by this agreement.

Signature of parent(s) or legal gua		Date		At which summer site does your child(ren) attend Adventure Time?		
Signature of parent(s) or legal guardian(s)  Date					Adventure rime?	
Home address (not a post office box	, please)	City	State	Zip	Signature of Director:	
Home phone number Office phone numb			ber		Signature of Director.	
Cell phone number					Date:	

Post Office Box 5009, Berkeley, CA 94705-0009