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				

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## ENROLLMENT APPLICATION SCHOOL YEAR

Was your child(ren) enrolled in Adventure Time last school year? \_\_\_\_\_YES \_\_\_\_NO

Site Director Signature	For Office Use:
Date	

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 you	ır child(ren)'s schedule	at Adventure Time. Do	not list school hours.
		•	Last Name	
Birth D	)ate	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			P.M. time in	
Child 2: First Name		Last Name		Gender:
Birth D	Date	Grade in Sept.	School	Start Date:
		•		Necessary to process your application
М	A.M. time in	A.M. time out	P.M. time in	P.M. time out
Τ	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:
				Start Date:
		-		Necessary to process your application
М	A.M. time in	A.M. time out	P.M. time in	P.M. time out
Т				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 EnrollmentAdding a child to existing account #				Enroll in Autopay?yesn



### **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:						

Post Office Box 5009, Berkeley, CA 94705-0009

# Before and After School Tuition Schedule

Monthly tuition is based on \$11.15 per hour for children who attend more than 25 hours per week and \$12.00 per hour for children who attend 5-25 hours per week. If you are enrolling more than one child, you may add the total number of enrolled hours per week together to determine monthly tuition. There is a 20% discount on tuition rates for families with two or more children attending.

### **Holiday Tuition**

Tuition is based on the full school year (approximately 180 teaching days) and does not include holiday tuition. We operate on most school holidays and during the summer at selected sites. Tuition for holidays and summer, if your child attends on any or all of these days, is separate from the regular monthly tuition. Holiday tuition is based on \$10.60 per hour for full-day (more than six hours per day) or \$11.10 per hour for half-day (six or fewer hours per day). For convenience, regular monthly tuition may be paid in monthly installments. These installments are based on the average number of teaching days in each billing period rather than on the exact number of days in a particular period. While some months have fewer teaching days than others, such as months with holidays, others have more teaching days. There is an \$85 enrollment fee. Please see the Parent Agreement for tuition due dates and further explanation. Enrollment on holidays is limited and is on a first-come first-served basis. Holiday sign-up sheets are available in our classroom. Sign-up forms for the Winter and Spring Recesses will be mailed in advance to all parents with active accounts.

### Drop-In Program

We have a drop-in service which is available to families enrolled in our program. In unexpected situations, your child may stay in our program extra time. The charge for this service is \$15.00 per hour. There is a 20% discount for families with two or more children using the drop-in program at the same time. To use the drop-in program, please complete a "Drop-In Request" form and leave it in the manila envelope on the Parent Bulletin Board in our class-room. Any time a child attends Adventure Time beyond the regularly scheduled time, that time must be paid for at the drop-in rate. Charges for this time will be computed in quarter hour increments. We will add drop-in charges to your monthly statement. We are unable to trade scheduled hours for unscheduled hours.

When totaling weekly hours for the purpose of computing the regular monthly tuition, rounding is used. (Example: 20 hours and 15 minutes rounds down to twenty hours per week. 20 hours and 25 minutes or more rounds up to 21 hours per week.) Before school attendance must begin on the hour, half-hour, or quarter-hour. After school attendance begins when school is dismissed and must end on the hour, half-hour, or quarter-hour. If more than one child is enrolled, add enrolled hours for all children before rounding.

Hours Attended Per Week	Monthly Tuition	Hours Attended Per Week	Monthly Tuition
Based on <b>\$12.00</b> per hour:		Based on \$11.	
based on \$12.0	<b>v</b> per nour.	Daseu on <b>PII</b>	. 10 per nour.
5	\$227.40	26	\$1,098.72
6	272.88	27	1,140.98
7	318.36	28	1,183.24
8	363.84	29	1,225.50
9	409.32	30	1,267.76
10	454.80	31	1,310.01
11	500.28	32	1,352.27
12	545.76	33	1,394.53
13	591.24	34	1,436.79
14	636.72	35	1,479.05
15	682.20	36	1,521.31
16	727.68	37	1,563.56
17	773.16	38	1,605.82
18	818.64	39	1,648.08
19	864.12	40	1,690.34
20	909.60	41	1,732.60
21	955.08	42	1,774.86
22	1,000.56	43	1,817.12
23	1,046.04	44	1,859.37
24	1,091.52	45	1,901.63
25	1,137.00	46	1,943.89

Minimum enrollment: five hours per week per child