



School Year Enrollment Application

Was your child enrolled in Adventure Time last school year?
_____ Yes _____ No

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 in the middle of July. If you submit this application after July 1, please include one-and-a-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.

BILL TO (Person responsible for payments):

First Name: _____ **Last Name:** _____

Email address: _____

Address: _____ City: _____ Zip: _____

Signature of person responsible for payments: _____ Date: _____

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

PARENT 1:

First Name: _____ **Last Name:** _____

Email address: _____

Address: _____ City: _____ Zip: _____

Phone numbers: Cell: _____ Work: _____

Employer name/address: _____

PARENT 2:

First Name: _____ **Last Name:** _____

Email address: _____

Address: _____ City: _____ Zip: _____

Phone numbers: Cell: _____ Work: _____

Employer name/address: _____

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/guardian signature: _____ Date: _____

Prior to August 1, please email completed applications to:
customerservice.adventuretime@gmail.com

After August 1, all applications must be dropped off at an open site.
Students may only then start the 2nd week of school, depending on availability.



ENROLLMENT APPLICATION School Year

Site Director signature _____ _____ Date	For office use:
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Please enter your child(ren)'s schedule at Adventure Time. Do not list school hours.

Child 1: First Name _____ **Last name** _____ **School** _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application
 Monday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Tuesday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Wed. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Thurs. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Friday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____

Child 2: First Name _____ **Last name** _____ **School** _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application
 Monday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Tuesday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Wed. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Thurs. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Friday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____

Child 3: First Name _____ **Last name** _____ **School** _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application
 Monday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Tuesday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Wed. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Thurs. A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____
 Friday A.M. time in _____ A.M. time out _____ P.M. time in _____ P.M. time out _____

IMPORTANT INFORMATION:

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?

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



Credit Card Payment

We accept Visa, Mastercard, and Discover 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. 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