



Neil Tuller, Executive Administrator

Mimi Albert, Director

Adventure Time will reopen at all of our school sites on the first day of school in the fall. Enrollment will be online due to CDC and School District health and safety guidelines. At the present time, we do not know how many children we will be able to accept in the before and after school programs. This will depend primarily on the social distancing guidelines and the limitations of our classroom spaces. We are hopeful that by fall, we will be able to accept the same number of children we could accommodate before the pandemic. Enrollment will be on a first-come, first-served basis. For the Oakland schools, we will begin accepting applications online at 9:00 a.m. on the following dates. Please do not submit your application before that time and the dates listed below. We are unable to accept fall applications until then. Enrollment is dependent on our safety and space limitations, and as soon as we know how many students we can accept, we will email confirmations to parents. To enroll, please download the enrollment application available by clicking on the button below, completing the application, and scanning and emailing it back to us. If you are unable to scan the application, we can accept a clear photo.

Please email the application to:

enrollment.adventuretime@gmail.com

In the subject line of your email, please put your child's last name and the school your child attends. Thank you.

Please do not return your application until 9:00 a.m. on the following dates. Thank you.

Crocker Highlands Elementary School: Wednesday, May 26

Glenview Elementary School: Thursday, May 20

Hillcrest Elementary School: Friday, May 28

Montclair Elementary School: Tuesday, May 18

Thornhill Elementary School: Monday, May 24

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customerservice.adventuretime@gmail.com

Quality before and after school child care located in classrooms in selected elementary schools throughout Northern California



ENROLLMENT APPLICATION

SCHOOL YEAR

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

Site Director Signature <hr style="width: 50%; margin: 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

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 _____



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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