



## School Year Enrollment Application 2025 - 2026

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

**BILL TO** (Person responsible for payments): email address: \_\_\_\_\_

**First/Last Name:** \_\_\_\_\_

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:** email address: \_\_\_\_\_

**First/Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer name/address: \_\_\_\_\_

**PARENT 2:** email address: \_\_\_\_\_

**First/Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Home/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 application to:  
customerservice.adventuretime@gmail.com

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

**ENROLLMENT IS LIMITED AND IS ON A FIRST SIGNED UP, FIRST SERVED BASIS.**

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. 200.3.25



# ENROLLMENT APPLICATION

2025 - 2026 School Year

Site Director signature  <hr style="border: 0; border-top: 1px solid black;"/>	For office use:   
<hr style="border: 0; border-top: 1px solid black;"/> Date	

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