



# ENROLLMENT APPLICATION

## ELOP ONLY

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

Site Director Signature	For Office Use:
Date	

To qualify for the Expanded Learning Opportunity Program (ELOP), application must first be submitted to the Fremont Unified School District and approved by them. After approval from the District, please complete this Enrollment Application form.

I certify that my application for the Expanded Learning Opportunity Program has been reviewed and approved by the Fremont Unified School District. Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 one:  New Enrollment  Adding a child to existing account # \_\_\_\_\_

This Enrollment Application is for families whose enrollment in the Expanded Learning Opportunity Program (ELOP) has been approved by the Fremont Unified School District.

Adventure Time Extended Day Care operates these ELOP programs at Glenmoor, Vallejo Mill, and Maloney Elementary Schools.

<b>PARENT 1:</b>	Email address: _____
Name: _____	
Home street address: _____	
City: _____	State: _____ Zip: _____
Phone number home: _____	Cell: _____
Phone number work: _____	
Employer name & address: _____	

<b>PARENT 2:</b>	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>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.</i>
Parent signature _____ Date _____