



Account number: _____

ELOP School Year Enrollment Application 2025 - 2026

This Enrollment Application is for families whose enrollment in the Expanded Learning Opportunities Program (ELOP) has been approved by either the Fremont Unified School District or Hayward Twin Oaks Montessori School. Approval by the School District must be obtained before

PARENT 1: email address: _____

First name: _____ **Last name:** _____

Home address: _____ City: _____ Zip: _____

Phone numbers: Home/Cell: _____ Work: _____

Employer name/address: _____

PARENT 2: email address: _____

First name: _____ **Last name:** _____

Home address: _____ City: _____ Zip: _____

Phone numbers: Home/Cell: _____ Work: _____

Employer name/address: _____

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?

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, dependent on availability.

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

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ENROLLMENT APPLICATION ELOP ONLY

2025 - 2026 School Year

Site Director signature _____ _____ Date	For office use:
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Was your child enrolled in Adventure Time last school year?
 _____ Yes _____ No

To qualify for the Expanded Learning Opportunities Program (ELOP), application must first be submitted to the Fremont Unified School District or the Hayward Twin Oaks Montessori School and approved by them. After approval, please complete this enrollment form. I certify that my application for the Expanded Learning Opportunities Program has been reviewed and approved by the Fremont Unified School District or Hayward Twin Oaks Montessori.

Parent signature: _____

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 September _____ School _____ 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 _____ Gender _____
 Birth date _____ Grade in September _____ School _____ 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 _____ Gender _____
 Birth date _____ Grade in September _____ School _____ 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 _____

Please check: ___ New Enrollment ___ Adding a child to existing account # ___