



Child Development Services

EXTENDED DAY CHILD CARE FOR CHILDREN ATTENDING THE
2017 SUMMER ADVENTURE PROGRAM AT JUAN CABRILLO

Child Development Services will offer child care to all students attending the Summer Adventure Program at Juan Cabrillo Elementary School.

Child care will be open from 7:00-8:30a.m. and from 12:30-6:00p.m. every day of the program, Monday, June 19 – Friday, July 21. (Child care will be CLOSED on **Tuesday, July 4th**). The childcare program includes the following activities: arts and crafts, weekly trips to swimming pool, local trips and enriching indoor and outdoor activities.

Enrollment will be on a first come –first served basis, determined by the date your child's registration is received. You may choose from these three enrollment options:

Morning Only (7:00-8:30 a.m.)	\$35.00 Per Week
Afternoon Only (12:30-6:00 p.m.)	\$130.00 Per Week
Morning & Afternoon	\$165.00 Per Week

There is a \$50.00 non-refundable registration fee for all children who have not enrolled or re-enrolled in School Age Programs for the 2017/18 school year.

Please complete the attached registration form and submit it with your payment to:

Child Development Services
2828 Fourth Street
Santa Monica, CA 90405
Attn: Sharon Lee

Payment Options:

(Unfortunately, financial aid is not available for this program.)

Credit/Debit cards (Visa/Master Card), checks or money orders made payable to **SMMUSD**
No Cash, please

Please write child's Last & First name and Home School on the memo line of your check/money order.

TOTAL FEES (Registration Fee and Tuition) DUE BY JUNE 2nd

IMPORTANT! TUITION REFUND POLICY:
Refunds (minus 15% processing fee) if withdrawn before June 15th
No refunds after June 16th

Questions:
Contact Sharon Lee
(310) 399-5865 Ext.79523

Extended Day Child Care Registration
2017 Summer Adventure Program at Juan Cabrillo

Enrollment Options



OPTION #1

Morning Only (7:00am-8:30 a.m.) \$35.00 Per Week
Check Weeks Attending

- Week One June 19 – June 23**
- Week Two June 26 – June 30**
- Week Three July 3 – July 7 (Closed July 4th)**
- Week Four July 10 – July 14**
- Week Five July 17 – July 21**

Total Cost: \$ _____

OPTION #2

Afternoon Only (12:30pm- 6:00 p.m.) \$130.00 Per Week
Check Weeks Attending

- Week One June 19 – June 23**
- Week Two June 26 – June 30**
- Week Three July 3 – July 7 (Closed July 4th)**
- Week Four July 10 – July 14**
- Week Five July 17 – July 21**

Total Cost: \$ _____

OPTION #3

Morning & Afternoon \$165.00 Per Week
Check Weeks Attending

- Week One June 19 – June 23**
- Week Two June 26 – June 30**
- Week Three July 3 – July 7 (Closed July 4th)**
- Week Four July 10 – July 14**
- Week Five July 17 – July 21**

Total Cost: \$ _____

Fill in amounts below:

Amount for program selected \$ _____ + Registration Fee(if applicable) \$ _____ = Total Amount Enclosed \$ _____



EMERGENCY / CONTACT INFORMATION

Participant's Name (Child's) Last, First		Home School	Grade 2017/18
Address		City	Zip
Mother/Guardian		Father/Guardian	
Home Phone	()	Home Phone	()
Work Phone	()	Work Phone	()
Cell Phone #	()	Cell Phone #	()
Child's Doctor Name & Phone	()	Child's Dentist Name & Phone	()

Please list any medications or allergies that concern your child: _____

If parents cannot be reached, we will only release your child to these LOCAL persons:

Name	Relationship	Address	Phone
1.			()
2.			()
3.			()

Field Trip and Permission

The Extended Summer Day Care Program may include field trips and/or walking excursions. Date, time of departure/return, method of transportation and destination will be posted. The method of transportation for these will be school district buses or the Santa Monica "Big Blue Bus."

I understand that my child is to accept all rules and requirements governing conduct during each field trip or excursion. Pursuant to provisions of Education Code 35330. I hereby release the Santa Monica-Malibu Unified School District from all liability arising out of or in connection with the Extended Day Care Summer Program field trips.

I give my permission for _____ to participate in the field trips for the Extended Day Summer Program. In the event of an emergency, if I cannot be reached, I hereby give my consent for _____ to be transported to an emergency facility and to receive attention from a physician or dentist.

* _____
Parent/Guardian Signature

* _____
Date

Santa Monica-Malibu Unified School District
Child Development Services
SUMMER ADVENTURE CHILD CARE ONLY
Credit/Debit Card Authorization Form

Name of Child _____ Home School _____

Registration Fee Authorized _____ Program Fee Authorized _____

Authorized Fees will be charged beginning Monday, June 6, 2017

Cardholder's Phone Number: Home/Cell _____ Work: _____

Visa/Master Card Only

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt.#)

Billing Address for credit card (Street, Apt.#)

City, State, Zip

City, State, Zip

Credit Card Number

Credit Card Number

Expiration Date

Expiration Date

Signature Today's Date

Signature Today's Date

Visa/Mastercard Only