

**APPLICATION**  
**Monday, June 18 – Friday, July 20, 2018**  
**8:30 am – 12:30 pm (closed July 4)**



**AT ROOSEVELT ELEMENTARY SCHOOL**  
**801 Montana Avenue, Santa Monica 90403**

<b>STUDENT'S NAME</b>		<b>GENDER</b>	<b>GRADE IN AUGUST</b>
<b>DATE OF BIRTH</b>	<b>HOME SCHOOL</b>		<b>AGE</b>

Indicate the class number and title of your 1<sup>st</sup> and 2<sup>nd</sup> choices below (please note that some classes are full-morning classes).

TIME	CHOICE	COURSE #	TITLE	OFFICE USE ONLY	
				ENROLLED	MATERIALS FEE
8:30-12:30 Full morning	1st				
	2nd				
PERIOD I 8:30-9:40	1st				
	2nd				
PERIOD II 9:55-11:05	1st				
	2nd				
PERIOD III 11:20-12:30	1st				
	2nd				

DEPENDING ON ENROLLMENT, SOME CLASSES MAY BE CLOSED. WE WILL MAKE EVERY EFFORT TO ENROLL YOUR CHILD IN THE CLASS(ES) OF YOUR CHOICE.

**AGREEMENT**

Please enroll my child in the Summer Adventure Program. Classes are offered subject to enrollment. Except when team taught, classes will be limited to no more than 25. Enrollment will continue until classes are full. Confirmation of classes will be sent to parent/guardian's email or home address in late April. We charge \$6 per student when a credit card is used for payment.

- I have read and I accept the Tuition Refund Policy as outlined in the Summer Adventure brochure.
- I plan to apply for a scholarship. I have read and I understand the process for scholarship application as outlined in the Summer Adventure brochure.

CHECK ONE:

- My child is currently enrolled in a SMMUSD school.
- My child is new to SMMUSD but is already enrolled in a SMMUSD school for the 2018-19 school year.
- My child is not enrolled in a SMMUSD school for the 2018-19 school year. Attached is his/her proof of age (birth certificate, passport, or similar official document).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

<b>PAYMENT INFORMATION: Cash, Check, MasterCard or VISA card.</b> Payment of FULL AMOUNT is required at time of registration.	
Enclosed is my payment of \$550 (if received after April 13) or \$525 (if received by April 13) for full program.	\$
Enclosed is my payment of \$405 for 2 classes / \$210 for 1 class.	\$
Enclosed are the materials fees (must be paid with application). <i>Please include materials fees for first-choice classes.</i>	\$
Enclosed is my payment of \$75 (free lunch students) or \$200 (reduced lunch students) plus materials fees, along with my student's eligibility notification letter.	\$
My student is not on free or reduced lunch, but I would like to apply for a scholarship. Enclosed is my deposit of \$75.	\$
I want to help by sponsoring a scholarship student. Enclosed is my tax-deductible contribution of:	\$
Credit card convenience fee of \$6 per student, if applicable	\$
<b>TOTAL AMOUNT</b>	<b>\$</b>

<b>CREDIT CARD PAYMENT</b>	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Expires:
Name on card (print)	Card number	CVV (3-digit code)
Make <b>CHECKS</b> payable to: Santa Monica-Malibu Council of PTAs   Mail to: Summer Adventure, 1651 16th Street, Santa Monica, CA 90404 (310) 450-8338 x70420		

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

**OFFICE USE ONLY**

Deposit received	Amount	Check #	Registered in childcare
Full payment received	Amount	Check #	Siblings registered
Materials fee received	Amount	Check #	RF
Materials fee received	Credit card fee	Confirmation sent	Date
Amount owed			
Notes			

**STUDENT EMERGENCY CARD**  
**THIS DOCUMENT MUST BE FILLED**  
**OUT COMPLETELY AND SIGNED**

**Summer Adventure**  
 Discover. Explore. Create.



SANTA MONICA-MALIBU  
 Education Foundation

SANTA MONICA-MALIBU COUNCIL  
**PTA**  
 everychild.onevoice.

**AT ROOSEVELT ELEMENTARY SCHOOL**

*NOTE: If your child is absent OR you know in advance that your child will miss any Summer Adventure days, please notify the office. Thank you.*

PLEASE PRINT ALL INFORMATION

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		PRIMARY PHONE	
ADDRESS			CITY		ZIP
PARENT/GUARDIAN #1 NAME	DAYTIME PHONE	EVENING PHONE		EMAIL	
PARENT/GUARDIAN #2 NAME	DAYTIME PHONE	EVENING PHONE		EMAIL	

**When parent(s)/guardian(s) cannot be reached, the office should contact and may release my child to the following:**

1. NAME	ADDRESS	PHONE NUMBER
2. NAME	ADDRESS	PHONE NUMBER

List below (1) any medications being taken and when AND (2) any medical conditions, i.e., allergies, physical conditions. Please attach any additional information, if necessary.

MEDICATIONS/WHEN	MEDICAL CONDITION
MEDICATIONS/WHEN	MEDICAL CONDITION

- I **do not** give the Summer Adventure staff permission to photograph my child during the summer activities, for publicity use only, by Santa Monica-Malibu Council of PTAs and/or Santa Monica-Malibu Education Foundation.
- My child requires adult supervision in addition to the Summer Adventure teacher.** I will provide an adult qualified to provide this supervision at no cost to Summer Adventure. I understand that the supervision aide I provide must be approved in advance by Summer Adventure and that the approval process requires fingerprinting, a criminal background check and documentation that the aide does not carry TB, among other requirements established by SMMUSD. The supervision aide must comply with Summer Adventure and SMMUSD policies at all times while present at Summer Adventure.

**PARENT/GUARDIAN'S APPROVAL AND STUDENT WAIVER**

\_\_\_\_\_ has my (our) permission to participate in the Summer Adventure program (the "Program"),  
 Name of child  
 sponsored by the Santa Monica-Malibu Education Foundation ("SMMEF") and the Santa Monica-Malibu Council of PTAs ("SMMPTA"), from June 18 to July 20, 2018, at Roosevelt Elementary School from 8:30 a.m. to 12:30 p.m. daily.

In consideration for my (our) child's participation in the Program, I (we) assume all risks in connection with the child's participation in the Program and agree to indemnify and hold harmless SMMEF, SMMPTA and the Santa Monica-Malibu Unified School District ("SMMUSD") from any claims and liabilities arising out of my (our) child's participation in the Program.

I (we) hereby forever waive, release, and discharge SMMEF, SMMPTA, SMMUSD, California State PTA (collectively, the "Released Organizations"), and any or all of their directors, officers, members, trustees, agents, employees, volunteers, any and all participants, owners, lessors and operators of the premises, and each of them, from all liability, claims, causes of action, demands for any damage, losses or injury to the student, the student's property, or parent's property of any kind or nature (collectively "liability"), arising out of participation in, or attendance at, the Program, and/or the employees of said organizations, including but not limited to losses caused by the passive or active negligence of the Released Organizations, and/or the employees of said organizations; provided, however, this waiver, release and discharge shall not apply to liability that arises from the gross negligence or willful misconduct of the Released Organizations.

I do hereby certify that to the best of my (our) knowledge and belief, my (our) child is in good health.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above-named child has had the following allergies or medicine reaction(s) which could limit participation, or unusual physical condition(s) which have been made known to a treating physician and may limit participation. Please make sure to include food allergies. **If your child has no allergies, please write the word "NONE."**

1. \_\_\_\_\_  
 Signature of Parent/Guardian of Child      Printed name of Parent/Guardian of Child      Relationship to the Child      Date

2. \_\_\_\_\_  
 Signature of Parent/Guardian of Child      Printed name of Parent/Guardian of Child      Relationship to the Child      Date