

Child Development Services

Teen Center

EXTENDED DAY CARE FOR STUDENTS ATTENDING THE 2018 SUMMER ADVENTURE MIDDLE SCHOOL PROGRAM

The After School Teen Center will be available to all Middle School students attending Summer Adventure. The program will be held at Lincoln Middle School in Room 324.

The Lincoln Teen Center will be open 12:30-6:00 p.m. every day from Monday, June 18 to Friday, July 20 (the Teen Center will be CLOSED on **Wednesday, July 4th**). The Teen Center program includes the following activities: arts and crafts, weekly swimming, local trips, and enriching indoor and outdoor activities.

Parents: Please note that, running this program is contingent upon receipt of a minimum of 20 registration forms. You will be notified as to whether or not we will proceed with the program by May 18th. If we do not receive 20 registration forms, we will not be able to offer this program.

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:

- Full five weeks (12:30-6:00 p.m. **5 Days per week**): \$645.00
- Weekly (12:30-6:00 p.m. **5 Days per week**): \$130.00 per week

There is a \$50.00 non-refundable registration fee for all students who have not enrolled or re-enrolled in the Lincoln Teen Center Programs for the 18-19 school year. This payment must be paid by separate check.

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.)

Checks, credit cards (Visa/Master Card/Debit) or money orders made payable to **SMMUSD**.
No cash, please

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

TOTAL FEES (Registration Fee and Tuition) DUE BY MAY 15th

**IMPORTANT! TUITION REFUND POLICY: Full refunds (minus 15% processing fee) if withdrawn before May 19th. Partial refunds will only be given up to June 10th (minus 15% processing fee).
No refunds after June 10th.**

Questions

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

2018 Summer Adventure Program

Lincoln Teen Center Registration

Enrollment Options

- Afternoon Only (12:30 p.m. - 6:00 p.m. / 5 Days) \$645.00
- Afternoon Only (12:30 p.m. - 6:00 p.m. / 3 Days) \$390.00

Fill in amounts below:

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

Participant's Name (Child's) Last, First		Home School	Grade 2018/19
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
Automatic Billing Authorization Form

Name of Child _____ Home School _____
 Registration Fee Authorized _____ Program Fee Authorized _____
 Cardholder's Phone Number: Home _____ Cell _____

Authorized Fees will be charged beginning Monday, June 5, 2018

VISA/MasterCard ONLY

I authorize you to charge my monthly fee 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

Families will be charged a \$30.00 fee for all declined credit card transactions
 (see Parent Handbook for details)