



Child Development Services

EXTENDED DAY CHILD CARE FOR CHILDREN ATTENDING THE
2018 SUMMER ADVENTURE PROGRAM AT ROOSEVELT

Child Development Services will offer child care to all students attending the Summer Adventure Program at Roosevelt Elementary School, in Bungalow 40.

Child care will be open from 7:00-8:30a.m. and from 12:30-6:00p.m. every day of the program, beginning Monday, June 18 – Friday, July 20. (Child care will be **CLOSED** on **Wednesday, 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.)	\$180.00
Afternoon Only (12:30-6:00 p.m.)	\$645.00
Morning & Afternoon	\$820.00

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 2018-19 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 1st

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Refunds (minus 15% processing fee) if withdrawn before June 15th.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

Questions:

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

Extended Day Child Care Registration

2018 Summer Adventure Program at Roosevelt

Enrollment Options

- Morning Only (7:00am-8:30 a.m.) \$180.00
- Afternoon Only (12:30pm- 6:00 p.m.) \$645.00
- Morning & Afternoon \$820.00



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)