



Child Development Services

EXTENDED DAY CHILD CARE FOR CHILDREN ATTENDING THE
2022 SUMMER ADVENTURE PROGRAM AT ROOSEVELT

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

Child care will be open from 7:00-8:30 a.m. and from 12:30-6:00 p.m. every day of the program, beginning Monday, June 20 – Friday, July 22. (Child care will be **CLOSED on Monday, July 4th**). The childcare program includes the following activities: arts and crafts, on site workshops and other 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 at CDS. 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.)	\$660.00
Morning & Afternoon	\$835.00

There is a \$75.00 non-refundable registration fee for all children who have not enrolled or re-enrolled in School Age Programs for the 2022/23 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
or to
slee@smmusd.org

Payment Options:

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.

Financial Aid Is **Not** Available for This Program

TOTAL FEES (Registration Fee and Tuition) DUE BY JUNE 3rd

IMPORTANT! TUITION REFUND POLICY:
Refunds (minus 15% processing fee) if withdrawn before June 17th.
No refunds after June 17th.

Questions:

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

Extended Day Child Care Registration 2022 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.) \$660.00
- Morning & Afternoon \$835.00



Fill in amounts below:

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

Participant (Child's) Last, First Name	Home School	Grade in 2022/23
Address	City	Zip

Parent One Name		Parent Two Name	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email		Email	

Child Doctor Name and Phone	
Child Dentist Name and Phone	
Please list any allergies or medications	

If neither parent can be reached, we will ONLY release your child to the following LOCAL people:

Name	Relationship	Address	Phone
1.			
2.			
3.			

Field Trip and Permission

The Extended Summer Day Care Program may include walking field trips. Dates and times of departure/return, will be posted.

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.

I give permission for _____ to participate in any field trips including walking 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 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 \$75.00 Program Fee Authorized _____
 Cardholder's Phone Number _____ Email Address _____

Authorized Fees will be charged beginning Monday, June 6, 2022

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 **CVV**

 Expiration Date **CVV**

 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)