



City of Santa Monica Form to Request:

Transfer

Refund

Swim Center
2225 16th Street
Santa Monica, CA 90405
Fax: (310) 450-5076

Youth Office at Reed Park
1133 7th Street
Santa Monica, CA 90403
Fax: (310) 451-3569

Community Classes Office
633 Kensington
Santa Monica, CA 90405
Fax: (310) 581-2679

REFUNDS FOR COMMUNITY CLASSES, COMMUNITY AQUATICS, CREST SPORTS and CREST ENRICHMENT - A \$15.00 processing fee applies for each refund. Requests must be made in writing to the program supervisor in person or by fax, mail or email. Refunds will be issued only if requested within one business day after the first class meeting.

REFUNDS FOR CREST CHILD CARE (4th and 5th graders) - If you must withdraw your child from the CREST Childcare Program you are required to notify the Site Coordinator in writing one month prior to withdrawal from the program. Fees are not prorated. If you plan on returning to the program, you will be charged the \$50 registration fee.

REFUNDS FOR WORKSHOPS, CAMPS AND THE COVE SKATEPARK - Refunds will only be issued with medical documentation or if requested within 10 calendar days prior to the first day of camp. Refunds will be prorated. A \$15.00 processing fee applies for each refund. Requests must be made in writing to the program supervisor in person or by fax, mail, or email.

IF APPROVED, YOUR REFUND REQUEST WILL BE PROCESSED IMMEDIATELY

TRANSFERS ARE ALLOWED ONLY IF CLASS IS AVAILABLE AND IF REQUESTED BEFORE THE SECOND CLASS MEETING YOU SHOULD RECEIVE YOUR REFUND BY CHECK OR VIA A CREDIT TO YOUR CREDIT CARD IN 5-6 WEEKS

PLEASE PROVIDE THE FOLLOWING INFORMATION. Return form to front desk only.

Today's Date:	Name of Participant:	Phone #
Activity name & number:		Activity date and Time:
Address:		
Reason for refund or for transfers, what class would you like to transfer in to?:		
Name of Customer requesting transfer or refund:	Signature of Customer requesting transfer or refund:	

-----FOR OFFICE USE ONLY-----

Note: The \$15 processing fee applies for all refunds including for those customers on Financial Assistance. If the original amount paid was less than \$15, then only the amount paid will be charged as the refund fee (participants will not owe the City of Santa Monica money).

Receipt Number: _____ **Receipt Date:** _____

Approved Denied Reason: _____

Date and time of refund completed: _____ Time Stamp: _____

Amount Refunded: _____

Staff signature: _____



Forma de la Cuidad de Santa Monica para:

Transferir

Reembolso

Centro de Natación
 2225 16th Street
 Santa Monica, CA 90405
 Fax: (310) 450-5076

Oficina de Jóvenes
 1133 7th Street
 Santa Monica, CA 90403
 Fax: (310) 451-3569

Oficina de Clases Comunitarias
 633 Kensington
 Santa Monica, CA 90405
 Fax: (310) 581-2679

REEMBOLSOS PARA CLASES COMUNITARIAS, DEPORTES Y ENRIQUECIMIENTO CREST - Un honorario de \$15 el procesamiento, se aplica para cada reembolso. Peticiones deben de ser hechas por escrito al supervisor del programa en persona, fax, correo o correo electrónico. Reembolsos solo serán dados si son peticionados en un día hábil después de la primera reunión de clase.

REEMBOLSOS PARA EL CUIDADO DE NIÑOS (en grados 4to y 5to) - Si usted debe de retirar a su hijo del programa de cuidado de niños CREST, debe de notificar al coordinador de su sitio por escrito un mes antes de retirarse del programa. Los honorarios no serán prorrateados. Si usted planea en regresar al programa, será cargado el honorario de \$50 para la registración.

REEMBOLSOS PARA TALLERES, CAMPAMENTOS Y EL PARQUE DE PATINES THE COVE - Reembolsos solamente serán dados con documentación medica o si es peticionada entre 10 días de calendario antes del primer día del campamento o taller. Reembolsos serán prorrateados. Un honorario de \$15 se aplicara para cada reembolso. Peticiones deben de ser hechas por escritas al supervisor del programa en persona, fax, correo o correo electrónico.

SI APROVADO, SU PETICION SERA PROCESADA INMEDIATAMENTE

Transferencias solo son dadas y la clase esta disponible y si es peticionada antes de la segunda clase.

USTED DEBE RECIBIR SU REEMBOLSO POR CHEQUE O A TRAVES DE TARJETA DE CREDITO EN 5-6 SEMANAS

POR FAVOR LLENE LA INFORMACION SIGUIENTE. Regrese la forma a la recepción.

Fecha de hoy:	Nombre del participante:	# de teléfono:
Nombre y numero de actividad:		Fecha y tiempo de actividad:
Direccion:		
Razón de reembolso:		
Nombre del cliente peticionando reembolso:	Firma del cliente peticionando reembolso o transferencia:	

-----FOR OFFICE USE ONLY-----

Staff signature: _____

Date and time of refund completed: _____

Amount Refunded: _____

Time Stamp:

Internal Information:

The \$15 processing fee applies for all refunds including for those customers on Financial Assistance. If the original amount paid was less than \$15, then only the amount paid will be charged as the refund fee (participants will not owe the City of Santa Monica money).