



## City of Santa Monica Form to Request:

**Transfer**

**Refund**

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

**Swim Center**  
 2225 16<sup>th</sup> Street  
 Santa Monica, CA 90405  
 Fax: (310) 450-5076

**Community Classes Office**  
 1527 4<sup>th</sup> Street  
 Santa Monica, CA 90401  
 Fax: (310) 899-0840

**Virginia Avenue Park**  
 2200 Virginia Ave.  
 Santa Monica, CA 90403  
 Fax: (310) 399-4326

**REFUNDS FOR COMMUNITY CLASSES, COMMUNITY AQUATICS, CREST SPORTS and CREST ENRICHMENT** - Class refunds are issued only if requested within one day after the 1<sup>st</sup> class meeting. A \$15.00 processing fee will be deducted for each refund. Requests must be made in writing to the program supervisor in person, by fax, mail or e-mail. Class fees are not prorated. Missed classes due to participant illness or absence cannot be made up.

**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 by submitting this form to program supervisor in person or by fax, mail or email 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 AND CAMPS** - refunds will only be issued with medical documentation or if requested within 5 calendar days prior to the first day of camp/session. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing by submitting this form to

**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 registered in:  |                      | Activity date and Time to transfer to:               |
| Address:   |                      |  |
| Reason for refund or for transfers, what class would you like to transfer in to?:                                |                      |  |
| Credit card number and expiration date of credit card that will be used for difference in price or check number: |                      |  |
| 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).

Approved                       Denied                      Reason: \_\_\_\_\_

Date and time of refund completed: \_\_\_\_\_ Time Stamp: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Staff signature: \_\_\_\_\_



**Forma de la Cuidad de Santa Monica para:**

**Transferir**

**Reembolso**

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

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

**Oficina de Clases Comunitarias**  
 1527 4th Street  
 Santa Monica, CA 90401  
 Fax: (310) 899-0840

**REEMBOLSOS PARA CLASES COMUNITARIAS, DEPORTES Y ENRIQUECIMIENTO CREST** - Un honorario de \$15 el procesamiento, se aplica para cada reembolso para cada actividad. Peticiones deben de ser hechas por escrito llenando esta forma y entregarla 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 llenando esta forma y entregarla al supervisor del programa en persona, fax, correo o correo electrónico 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 Y CAMPAMENTOS** - 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 escrito llenando esta forma y entregarla 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: |
| Dirección:  |   |                              |
| Razón de reembolso:   |   |                              |
| Numero de Tarjeta de crédito y fecha de expiración para la diferencia en precio o numero de cheque: |   |                              |
| Nombre del cliente peticionando reembolso:  | Firma del cliente peticionando reembolso o transferencia: |                              |

-----**PARA EL USO DE LA OFICINA SOLAMENTE**-----

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Approved                       Denied                      Reason: \_\_\_\_\_

Date and time of refund completed: \_\_\_\_\_ Time Stamp: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Staff signature: \_\_\_\_\_