

April 12, 2010



Dear CREST families,

RE: UPPER CREST ENROLLMENT 2010-2011

The 2010/11 school year is just around the corner and we are looking forward to offering your child(ren) a host of fun and interesting after school programs!

As a family who previously participated in CREST, you have the opportunity to pre-register your soon-to-be 4th or 5th grader in Upper CREST. Upper CREST is an award winning after school program providing children free play, a daily snack, homework help, enrichment classes and organized games from school dismissal until 6:00 p.m. The program is offered for one low cost, at your child's school site, and Upper CREST families receive special discounts to participate in other CREST programs such as school-based contract enrichment classes and after school sports.

We recommend that you take advantage of the opportunity to pre-register to secure your child's place in the program and to ensure a smooth first day of school.

Attached you will find an **enrollment packet** and a **Financial Assistance application form** together with a **"Step-by-Step guide"** to completing this paperwork. Please read all instructions carefully and take care in entering information accurately and clearly. Also, please ensure that all sections are complete and that you have signed each page where necessary. ***Incomplete packets will delay your registration!***

The **\$50 registration fee** as well as the **September** Childcare Fee must be included at this time. Two separate checks or money orders are required, payable to "The City of Santa Monica" (or you can pay with credit card). (Exception: those applying for Financial Assistance or receiving Connections for Children/CalWorks should contact the office with regards to their payments.)

REGISTRATION HAS BEGUN! Please mail your completed packet to Reed Park Youth Office, Attn: Childcare 1133 7th Street, Santa Monica, CA 90403. You may also drop off the registration and payments in person between 8:30 a.m. and 6:00 p.m.

Should you have any questions or need assistance with completing the registration forms, you may come to the Youth Office or call us at: **(310) 458-8540**.

You will receive confirmation of enrollment by mail. Please note that Site Coordinators will be available at your school beginning at 7:30 a.m. on the first three days of school to answer any questions and assist you with registration in all CREST programs (Childcare, Enrichment, Sports and Playground Access). We look forward to having your child(ren) in our programs!

STEP-BY-STEP GUIDE TO COMPLETING CREST CHILDCARE REGISTRATION PACKET 2010-20111

ENROLLMENT OPTION

- Please review the program options available. Select **one** based on your needs.
- If selecting the PT option, **these days are constant and may not vary week to week**. You must determine which three days your child will attend.
- A maximum of two program option changes are allowed in one school year.

ACTIVITY REGISTRATION FORM

- Please make sure this form is completed fully with your child's name, date of birth, age and grade. **Your contact numbers and child's medication/special needs information must also be included.**
- Please make sure method of payment is clearly identified (with numbers and expiration date for credit card payments).
- Please fill in the details of the adults authorized to pick up your child(ren) in an emergency.
- Please print your name, sign and date the form.

CHILD INFORMATION QUESTIONNAIRES

- In order to best serve your child(ren), please complete the forms attached giving us as much information as possible.

FINANCIAL ASSISTANCE APPLICATION

- Section A – Please provide proof of income and proof of residency.
- Section B – Please complete fully including total number of adults and children (anyone over the age of 18 is considered an adult).
- Section C – Please complete fully. Without this information, your application will not be processed.
- Section D – Your application will not be processed if your printed name and signature is not on the form.

ALL pre-printed forms must also be completed.



2010-2011 CREST Childcare Program Fees

Activity Code	Service	Hours of Service	Days of Service	Monthly Fees
CC All	Full-Time CC	7:00AM until school starts and from school dismissal until 6:00PM.	School year; 8 days winter school break and 10 days spring school break.	\$360.00
CC	Full-time Childcare	7:00AM until school starts and from school dismissal until 6:00 PM	School year only; no breaks; includes Pupil Free Day	\$300.00
CC PT (part-time)	Part-time Childcare After school	School dismissal until 6:00PM	School year 3 days a week at parent discretion	\$220.00
PT CC Before School	Part Time Childcare Before School	7:00 AM until School Starts	School year – 5 Days a week	\$140
DR (Daily Rate)	Daily	8:30 AM until 5:00 PM for camps and school dismissal until 6:00PM	Camps/ School Year	\$65.00

* The one time \$50 Registration fee should be included with first payment.

Winter and spring school break camps have separate fees and registration if your child is not registered for the “CC All” option. Please check with your child’s School Site Coordinator for more information and a registration packet.



CREST Childcare Program Fee Agreement

_____ will be participating in the CREST program for the 2010-2011 school year.
(Child's name)

- **Tuition payments are due on the 25th of each month for the following month.** Non-payment of tuition by the 1st of the month will result in loss of program services. Any payment arrangements must be made with approval of a supervisor.
- All students are expected to follow the established site rules. Progressive discipline is used and may include parental involvement.
- The CREST program ends at 6:00 p.m. Late pick-ups will be noted and charged a fee of \$1 per minute. Excessive late pick-ups will result in termination of services.
- Each child will be signed into the program DAILY by the CREST Staff. An authorized person must sign the child out. No child will be released to any one who is not listed on their emergency card unless PRIOR, written permission is given by the parent. Emergency card information should be updated as changes occur.

You have enrolled your child in the _____ option of the program. Your child will be expected to attend according to this schedule. If he/she will be absent from CREST, please notify the site.

_____ participará en el programa de CREST para el año escolar del 2010-2011.
(Nombre del niño/a)

- **Los pagos por el costo de programa deben de hacerse el dia 25 del mes anterior.** Si no hemos recibido el pago para el dia 1º, su niño podria ser dado de baja del programa. Cualquier acuerdo concerniente a los pagos deberá de ser aprobado por la supervisora.
- Se espera que todos los estudiantes se apeguen a las normas de la escuela. De lo contrario se llevará a cabo una disciplina progresiva y podría requerir la participación de los padres.
- El programa de CREST termina a las 6:00 p.m. en punto. Se tomará nota de las veces que usted llegue tarde y se le cobrará \$1 el minuto que usted llegue tarde a recoger a su niño/a. Una continua demora podria traer como consecuencia la suspension de los servicios.
- El personal de CREST marcará la asistencia de su niño al programa diariamente. La persona autorizada a recoger al niño a personas que no aparezcan el la tarjeta de emergencia de su niño, al menos que hayamos recibido una autorización con anticipo y por escrito de los padres. La información en la tarjeta de emergencia deberá de estar siempre al corriente.

Usted ha matriculado a su niño en la opción _____ del programa. Se espera que su niño asista al programa de acuerdo a su horario. Si él/ella **no** asistirá al programa favor de avisar al sitio en la escuela.

I have received a copy of the contract and agree to abide by the policies and procedures of the CREST program.

He recibido una copia del contrato y estoy de acuerdo con las normas y procedimientos del programa.

Signature/Firma

Date/Fecha

REGISTRATION FORM

Please print and fill out completely. Proof of Santa Monica residency is required for resident rate. Please include a copy of current utility bill and photo ID.

Participant Information

Full Name First _____ Last _____

Male Female Birth Date _____ Age _____ Grade _____

School _____ Homeroom _____

Check if this is a new address, phone number or e-mail address

Custodial Parent Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Special Needs / Medications _____

Cultural / Ethnic Background (optional) _____

Payee Information (person paying for registration)

Full Name (First and Last) _____

Driver's License _____

Check if this is a new address, phone number or e-mail address
Complete if different than participant:

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail Address _____

For office use only

Date _____ Check _____ Receipt _____

SECTION A: Activities

List choices for classes only.

Session Number	Class / Activity Name*	1st Choice		2nd Choice		3rd Choice		Fee**
		Day	Time	Day	Time	Day	Time	
Total Fees								

* Includes camps, child care, classes and workshops ** Santa Monica residents, please include copy of current utility bill and photo ID

Refund Policy: Workshops, Camps and CREST Child Care (4th and 5th graders): Refunds issued only with medical documentation. A \$15.00 cancellation fee applies. Requests must be made in writing to the program supervisor, in person, or by fax, mail or email.

Classes: refunds issued only if requested within one working day after the 1st class meeting. A \$15 processing fee will be deducted for each refund. Requests must be made in writing to program supervisor, in person, or by fax, mail or email.

SECTION B: Release Authorization

Please list LOCAL adults over age 18 that we are authorized to release your child to in the event that you cannot be reached during an emergency.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My child may sign himself/herself in or out of camp at the end of the program day (My child must be at least 12 years old). YES NO

SECTION C: Form of Payment

Check (For each activity, please make separate checks payable to City of Santa Monica.)

Money Order

Credit Card (check one) MasterCard Visa Discover

Exp. Date: _____
Mo. ____ / Yr. ____

Cardholder's Signature _____

Youth Financial Assistance (To apply call 458-8540.)

Mail registration form to:
City of Santa Monica
Attn: Registration
1133 7th Street
Santa Monica, CA 90403



Or fax registration form with credit card info to:
(310) 451-3569

WAIVER, RELEASE AND ASSUMPTION OF RISK In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

PHOTO RELEASE I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees, from any claims.

Check the appropriate box, sign, date and print your name below: Parent Legal Guardian

Signature _____

Date _____

Print Name _____



City of Santa Monica Automatic Billing Form

Youth Office at Reed Park
1133 7th Street
Santa Monica, CA 90403
Phone: (310) 458-8540
Fax: (310) 451-3569

Name of Child: _____ School: _____

Program Name: _____ Amount Authorized: _____

Monthly

Weekly

Daily

Primary Credit Card Account Information

Name exactly as it appears on Credit Card:

Billing Address:

City, State Zip:

Credit Card Number (Visa, MasterCard or Discover):

Expiration Date (Month/Year):

Cardholder's Signature:

Today's Date:

Secondary Credit Card Account Information

Name exactly as it appears on Credit Card:

Billing Address:

City, State Zip:

Credit Card Number (Visa, MasterCard or Discover):

Expiration Date (Month/Year):

Cardholder's Signature:

Today's Date:

I authorize you to bill all charges from the program listed above to the credit cards listed above. I understand that this authorization is valid until I provide you with a written cancellation 30 days in advance.

Credit Card holder's signature: _____



Welcome to CREST CHILDCARE FALL 2010

Dear Parent:

We are interested in learning more about your child's interests. Your input is important so we can best meet the needs of your children and family. Please complete for each child in the program.

Child's Name: _____ Grade: _____ School: _____

Does your child have any special needs?

1) No ___ Yes ___ Briefly describe your child's special need(s) and challenges: _____

If yes, can we contact you to set up a meeting? Yes No

What is the best way to contact you? _____

What are your child's strengths, talents, and interests?

Please identify any activities, games, hobbies, etc. in which your child has expressed interest or enjoys.

What activities or situations does your child avoid or dislike? _____

Our goal in CREST is to help children develop positive social skills such as cooperativeness and handling conflict with friends without fighting or name-calling. We want to help your child with any behavioral or social challenges he/she may experience in the after-school program. In order for our staff to help support your child after school, please share with us what you use or do at home or school to reduce any behavioral problems that may occur.

Ideally, what are your activity preferences for your child after school?

Check all that are applicable:

- | | | | |
|---------------------------------|--------------------------|-----------------------------------|--------------------------|
| Supervised recreation and games | <input type="checkbox"/> | Arts and crafts | <input type="checkbox"/> |
| Computers | <input type="checkbox"/> | Drama | <input type="checkbox"/> |
| Dance | <input type="checkbox"/> | Science | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | Community Service | <input type="checkbox"/> |
| Academic enrichment | <input type="checkbox"/> | Sports (SuperStars, Youth Sports) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Would you like staff to assist your child with homework? Yes No

SECTION C – HOUSEHOLD INCOME

Please enter gross amounts (before deductions). Put "0" for income sources that do not apply to you.

Income of parent or primary guardian	\$ _____ per year
Income of second parent or guardian	\$ _____ per year
Income of any other adult who helps support your child(ren), including ongoing gifts from family members	\$ _____ per year
Income from child support	\$ _____ per year
Income from alimony	\$ _____ per year
Income from trust fund, stocks, investments	\$ _____ per year
Income from rental property	\$ _____ per year
Income from side business or second job	\$ _____ per year
Income from other sources, such as unemployment compensation; other assistance	\$ _____ per year
Total Household Income:	\$ _____ per year

SECTION D – SIGNATURE

By signing below I declare that all information provided in this application is accurate and true.

Parent/Guardian name in print

Parent/Guardian signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Database / Safari Date _____

Income Verification: 1. 1040A 2. AFDC/SSI/EDD 3. School enrollment 4. Employer's letter 5. Other _____

Employment Status: 1.Works Full time 2.Child 5 & under 3.Full-time Student 4.EDD/SSI/Disability/AFDC 5.Seeking work

Verification of Residency: _____ Total Family Income: _____

Financial Assistance Granted:

- | | | |
|---|---|--|
| <input type="checkbox"/> Level 1 – 90% & 75% | <input type="checkbox"/> Denied (please circle reason below) | <input type="checkbox"/> FULL (Homeless) – 100% & 75% |
| <input type="checkbox"/> Level 2 – 75% & 50% | 1. Income too high | <input type="checkbox"/> OPCC |
| <input type="checkbox"/> Level 3 – 50% & 25% | 2. Applicant doesn't meet age requirements | <input type="checkbox"/> Upward Bound House |
| <input type="checkbox"/> Level 4 – 25% & 25% | 3. Insufficient evidence of income/residency | <input type="checkbox"/> St. Joseph's Center |
| | 4. Parent(s) not working/attending school | <input type="checkbox"/> Sojourn Domestic Violence |
| | 5. Non-resident, not eligible for summer program | <input type="checkbox"/> Other _____ |
| | 6. Other _____ | |

Approved/Denied By: _____ Date: _____