

Santa Monica-Malibu Council of PTAs and Santa Monica-Malibu Education Foundation  
**SUMMER ADVENTURE STUDENT APPLICATION**

Thursday, June 30 – Thursday, July 28, 2011    8:30 am – 12:30 pm    Closed July 4

STUDENT'S NAME \_\_\_\_\_ MALE FEMALE GRADE IN SEPT. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

The Malibu classes are full morning programs (8:30am-12:30pm) for all students. Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices for each week:

My child will attend: All 4 weeks: \_\_\_\_\_ Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_ Week 3: \_\_\_\_\_ Week 4: \_\_\_\_\_

Indicate the class number and title of your first and second choices for EACH WEEK.

WEEK	CHOICE	COURSE #	TITLE	OFFICE USE ONLY	
				ENROLLED	MATERIALS FEE
Week 1	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____
Week 2	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____
Week 3	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____
Week 4	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____

DEPENDING ON ENROLLMENT, SOME CLASSES MAY BE CLOSED. WE WILL MAKE EVERY EFFORT TO ENROLL YOUR CHILD IN THE CLASSES OF YOUR CHOICE.

**AGREEMENT**

Please enroll my child in the Summer Adventure Program. Registration will be on a first-come, first-served basis beginning April 4, 2011. Classes are offered subject to enrollment. Except when team taught, classes will be limited to no more than 25. Enrollment will continue until classes are full. Confirmation of classes will be sent to the student's home address on or about May 31. **TUITION REFUND POLICY:** Full refund, less \$25 handling fee, may be obtained if cancellation is received prior to June 10. A 50% refund of total fees due, less \$25 handling fee, will be paid June 11-17. NO REFUNDS after June 18. Credit card and materials fees are non-refundable and non-transferable. *Fees paid after June 17 must be in cash, check or money order.* No student will be allowed to attend class until full payment, including materials fee, has been received. Returned checks are subject to a \$25 fee and will disqualify the student from the program until a cash payment is received.

**SCHOLARSHIP INFORMATION:** Scholarships are only available to students who receive free or reduced lunch during the school year and are enrolled in SMMUSD for September, 2011. **Applications are due no later than May16, 2011.** Late applications will be accepted at the discretion of the Principal.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PAYMENT INFORMATION:** Cash, Check, MasterCard or VISA card. There is a credit card service fee of \$5. If using a credit card, payment of FULL AMOUNT is required.

Enclosed is my payment of \$395 for full program.....	\$ _____
Enclosed is my payment of \$330 for 3 weeks (\$110/week) OR \$240 for 2 weeks (\$120/week) OR \$150 for 1 week (\$150/week) .....	\$ _____
Enclosed are the materials fees (must be paid when classes are confirmed).....	\$ _____
Enclosed is my deposit of \$150. I understand FINAL PAYMENT IS DUE JUNE 10, 2011.....	\$ _____
I want to help by sponsoring a scholarship student. Enclosed is an additional.....	\$ _____
For scholarship applicants: enclosed is a payment of \$60 (SMMUSD will send an application which will be due back no later than May16, 2011. ....	\$ _____
<b>Credit card service fee of \$5, if applicable.</b> .....	\$ _____
<b>TOTAL AMOUNT</b> .....	\$ _____

**METHOD OF PAYMENT:**

\_\_MasterCard \_\_VISA Card number \_\_\_\_\_ Expires \_\_\_\_\_ Name on card (print) \_\_\_\_\_

Make checks payable to: Santa Monica-Malibu Council of PTAs; Mail to: Webster School; Attn: SUMMER ADVENTURE; 3602 Winter Canyon; Malibu, CA 90265

----- **PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION** -----

**OFFICE USE ONLY**

Deposit received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Registered in childcare \_\_\_\_\_  
 Full payment received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Siblings registered \_\_\_\_\_  
 Materials fee received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ RF \_\_\_\_\_  
 Credit card \_\_\_\_\_ Credit card fee \_\_\_\_\_ Confirmation sent \_\_\_\_\_ Date \_\_\_\_\_  
 Notes \_\_\_\_\_

# STUDENT EMERGENCY CARD

THIS DOCUMENT MUST BE FILLED-OUT COMPLETELY AND SIGNED

*NOTE: If your child is absent OR you know in advance that your child will miss **SUMMER ADVENTURE** days, please notify the office. Thank you.*

**PLEASE PRINT ALL INFORMATION**

Student's last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mother/Guardian's name \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's business address \_\_\_\_\_ Name of business \_\_\_\_\_

Father/Guardian's name \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian's business address \_\_\_\_\_ Name of business \_\_\_\_\_

When parent(s) or guardian(s) cannot be reached, the office should contact and may release my child to the following:

1. \_\_\_\_\_  
Name Address Phone number

2. \_\_\_\_\_  
Name Address Phone number

List below (1) any medications being taken and when **AND** (2) any medical conditions, i.e., allergies, physical conditions:

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

## PARENT'S APPROVAL AND STUDENT WAIVER

\_\_\_\_\_ has my (our) permission to participate in the **SUMMER ADVENTURE** program from  
Name of minor

June 30 – July 28, 2011, at Franklin Elementary School, Lincoln Middle School and/or Webster Elementary School from 8:30am to 12:30pm daily. I (we) as parent(s) or guardian(s) of the minor, do hereby, for my (our)

\_\_\_\_\_, myself, my (our) heirs, executors and administrators, remise, release and forever  
Son, Daughter  
discharge the Santa Monica-Malibu Council of PTAs and the California Congress of Parents, Teachers and Students, Inc., (California State PTA) and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) \_\_\_\_\_ and that his/her date of birth is \_\_\_\_\_, and I (we) do hereby certify that to the

Son, Daughter  
best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. If none, please write the word "NONE."

\_\_\_ **I do not** give the **SUMMER ADVENTURE** staff permission to photograph my child during the summer activities, for

publicity use only, by the SM-M Council of PTAs and/or SM-M Education Foundation.

1. \_\_\_\_\_  
Signature of Parent or Guardian Print name Relationship

2. \_\_\_\_\_  
Signature of Parent or Guardian Print name Relationship