

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 \_\_\_\_\_

**These 9 classes are full morning programs (8:30am-12:30pm) for students in Kindergarten, 1<sup>st</sup> and 2<sup>nd</sup> grades. Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices:**

_____ #10	Kindergarten	LET'S GO KINDERGARTEN!	Marks
_____ #20	Kindergarten	ALPHABET ADVENTURE	Borden
_____ #30	K & Grade 1	KINDERMASTERS	Petrilyak
_____ #40	K & Grade 1	JOURNEY TO THE PLANETS	Cueva-Martinez
_____ #50	K & Grade 1	READING READINESS AND THE MAGIC OF MATH	Suomu
_____ #60	K & Grade 1	EASY AS ABC 123	Scholder
_____ #70	K & Grade 1	SEA LIFE FOR BEGINNERS	Cedillo
_____ #80	K & Grade 1	1, 2, 3...READY, SET, READ!	Schneider
_____ #90	Grades 1 & 2	PRIMARY OCEANOGRAPHY	Alexander, Barba-Castro, Thatcher

**2<sup>nd</sup> – 5<sup>th</sup> GRADE STUDENTS**

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

TIME	CHOICE	COURSE #	TITLE	OFFICE USE ONLY	
				ENROLLED	MATERIALS FEE
PERIOD I 8:30-9:40	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____
PERIOD II 9:55-11:05	1 <sup>st</sup>	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____
PERIOD III 11:20-12:30	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:** Reduced fee applications are due no later than May16, 2011, and are only for students enrolled in the SMMUSD for September 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 morning program.....\$ \_\_\_\_\_  
 Enclosed is my payment of \$275 for 2 classes / \$150 for one class.....\$ \_\_\_\_\_  
 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.....\$ \_\_\_\_\_  
 Send a reduced fee application (for SMMUSD students ONLY) due back no later than May16, 2011. Enclosed is my payment of \$60.....\$ \_\_\_\_\_  
 Credit card service fee of \$5, if applicable.....\$ \_\_\_\_\_  
 TOTAL AMOUNT.....\$ \_\_\_\_\_

**METHOD OF PAYMENT:**

\_\_\_\_ MasterCard \_\_\_\_ VISA Card number \_\_\_\_\_ Expires \_\_\_\_\_ Name on card (print) \_\_\_\_\_  
 Make checks payable to: Santa Monica-Malibu Council of PTAs Mail to: PTA Office/Summer Adventure 1651 Sixteenth Street Santa Monica, CA 90404 (310) 450-8338 x70202

**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