

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT—Child Development Services
Childcare Waitlist Application for School-Age Programs (SAP)

2828 Fourth Street, Santa Monica, CA 90405 ♦ (310) 399-5865

Please email form to: sap@smmusd.org or FAX at (310) 314-0859



Are you applying for financial assistance? NO _____ YES _____
If YES, please fill out both pages of the form. ♦ If NO please fill out this page ONLY.

CHILDREN NEEDING SCHOOL AGE PROGRAMS:			
1. Child's Name: _____	Date of Birth	/ /	Sex F M Grade _____
2. Child's Name: _____	Date of Birth	/ /	Sex F M Grade _____
3. Child's Name: _____	Date of Birth	/ /	Sex F M Grade _____
Parent/Guardian # 1: ▶ _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: () _____ - _____ Cell Phone Number: () _____ - _____		Parent/Guardian # 2: ▶ _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: () _____ - _____ Cell Phone Number () _____ - _____	
Parent/Guardian # 1 Employer/School: _____ Work/School Address: _____ Work Phone Number: () _____ - _____		Parent/Guardian # 2 Employer/School: _____ Work/School Address: _____ Work Phone Number: () _____ - _____	
Please Check all that apply: <u>Child's Language:</u> English _____ Spanish _____ Other _____		Please Check all that apply: <u>Parent's Language:</u> English _____ Spanish _____ Other _____	
Child's Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		Child's Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	

- **Does your child have an IFSP or IEP (for Special Education)?** Yes _____ No _____ (If yes, attach a copy of your child's IFSP/ IEP)
- **Are you applying for a SMMUSD permit?** Yes _____ No _____ **Type of permit: INTRA or INTER**
If you are requesting an intra school district permit what is your home school: _____

<u>Please check the school your child will be attending:</u>	<u>PROGRAM REQUESTING:</u>
<input type="checkbox"/> Edison <input type="checkbox"/> Franklin <input type="checkbox"/> Grant <input type="checkbox"/> McKinley <input type="checkbox"/> Undecided <input type="checkbox"/> Roosevelt <input type="checkbox"/> Will Rogers <input type="checkbox"/> SMASH/New School (TBD)	<input type="checkbox"/> AM Only 7:00 a.m. until school begins <input type="checkbox"/> Full Time Before/After school (7:00 am until start of school/dismissal until 6:00 pm) <input type="checkbox"/> 2025-26 - school year

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Office use only: Mailed ☐ Email ☐ Walk-In ☐

Date _____ Time: _____ Staff Int.: _____

► SECTION BELOW MUST BE COMPLETED ONLY BY FAMILIES WHO ARE REQUESTING FINANCIAL ASSISTANCE

Number of children living at home: _____

Are you a single parent family? YES _____ NO _____

Parent/Guardian # 1 monthly gross income – from all sources (before taxes): _____

Parent/Guardian # 2 monthly gross income – from all sources (before taxes): _____

Are you or any member in your family receiving:

TANF/Cal WORKs ☐ Cal Fresh/Food Stamps ☐ Medi-CAL ☐ Healthy Families ☐ SSI ☐
Unemployment ☐ Child Support ☐ WIC ☐

Is your family homeless? YES _____ NO _____

Is your child under the care of Child Protective Services? YES _____ NO _____

Do you have any other children enrolled in any state-subsidized program with SMMUSD?

NO _____ YES _____ → Child's Name: _____ School: _____

Please list below all siblings in the household (other than those requesting preschool or childcare):

Child's Name:	Date of Birth / /	Sex F M	School /Grade:
Child's Name:	Date of Birth / /	Sex F / M	School /Grade:
Child's Name:	Date of Birth / /	Sex F M	School /Grade:

Comments:

_____.

Parent/Guardian's Signature _____ **Date:** _____

OFFICE USE ONLY: ELIGIBILITY # _____