



SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT—Child Development Services
2828 Fourth Street, Santa Monica, CA 90405 (310) 399-5865 Fax: (310) 314-0859
Pre-Enrollment Application for School-Age Programs (SAP)
WWW.SMMUSD.ORG

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 _____
Mother's/Guardian's Name: ▶		Father's/Guardian's Name: ▶	
Date of Birth: / /		Date of Birth: / /	
Home Address:		Home Address:	
City:	State:	Zip Code:	City: State: Zip Code:
Email address:		Email address:	
Home Phone Number: () -		Home Phone Number: () -	
Cell Phone Number: () -		Cell Phone Number () -	
Mother's Employer/School:		Father's Employer/School:	
Work/School Address:		Work/School Address:	
Work Phone Number: () -		Work Phone Number: () -	
Please Check all that apply: Child's Language: English _____ Spanish _____ Other _____		Please Check all that apply: Parent's Language: 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: _____

<p><u>Please check the school your child will be attending:</u></p> <input type="checkbox"/> Edison <input type="checkbox"/> Franklin <input type="checkbox"/> Grant <input type="checkbox"/> John Muir <input type="checkbox"/> McKinley <input type="checkbox"/> Roosevelt <input type="checkbox"/> SMASH <input type="checkbox"/> Will Rogers <input type="checkbox"/> Undecided	<p align="center"><u>PROGRAM REQUESTING:</u></p> <input type="checkbox"/> Early Express (TK & K with older sibling only) Dismissal until 3:00pm <input type="checkbox"/> AM Only 7:00am until school begins <input type="checkbox"/> Full Time Before/After school (7:00 am until start of school/dismissal until 6:00 pm)
<p><u>TEEN CENTER:</u></p> <input type="checkbox"/> Lincoln Middle School	<p>⇒ Please check <input type="checkbox"/> school year requesting: <input type="checkbox"/> 2019-20 <input type="checkbox"/> 2020-21 <input type="checkbox"/> 2021-22</p>

▶ 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** _____

Mother's monthly gross income (before taxes): _____

Father's monthly gross income (before taxes): _____

Are you or any member in your family receiving:

Child Support \$ _____ Unemployment \$ _____ TANF/Cal WORKs \$ _____

Cal Fresh/Food Stamps \$ _____ Medi-CAL Healthy Families SSI 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 (not those requesting preschool/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:

DATE RECEIVED: _____ **ELIGIBILITY #** _____