



2021-2022

# CREST CLUB

## Enrollment

Registration  
Begins  
August 4th



CREST Youth Office @Reed Park

1133 7TH St.

Santa Monica, CA 90403

PH: 310.458.8504

FAX: 310. 451. 3580

[SMGOV.NET/CREST](http://SMGOV.NET/CREST)





Registration for the CREST Enrichment program will be taken separately:

## Enrichment

Our school-based enrichment classes are an easy way for parents to add exciting learning adventures to their child's day. All classes are led by hand-picked, professional instructors for youth in grades TK-5. Thank you for your continued support of our programs!

Enrichment flyers for the Fall 2021 season will be sent out via each school's newsletter during the first week of school. Check out our website for more information [www.smgov.net/crest](http://www.smgov.net/crest)

**To register for CREST activities and more, visit [www.smgov.net/reserve](http://www.smgov.net/reserve)**



CREST Club is a out-of-school time program that provides 4th & 5th graders with a variety of activities, including onsite supervision, homework assistance, local excursions, enrichment activities, and outdoor fun. Our highly trained and caring staff work in small groups at one of the designated program sites.

**CREST Club Locations: EDISON, FRANKLIN, GRANT, JOHN MUIR/SMASH, MCKINLEY, ROOSEVELT, AND WILL ROGERS**

### **Registration begins on August 4, 2021**

CREST Club will run and look different this school year. We are following the guidelines from the CDC and LA County Public Health Office on Daycare for School-Aged children. Additional mandatory Safety Protocols and Procedures are being implemented in an effort to keep everyone safe during this time.

- Included, you will find an enrollment packet for CREST Club; please read all of the instructions carefully and ensure that all sections are complete and that you have signed each page where noted.
- Incomplete packets will delay your registration.
- A \$50 registration fee as well as the August CREST Club fee must be included when you submit your registration packet.

### **PLEASE SUBMIT YOUR COMPLETED ENROLLMENT PACKET**

By mail, fax, email to:

CREST Youth Office at Reed Park  
1133 7th St. Santa Monica, CA. 90403

Fax: (310) 451-3569

Email: [crest@smgov.net](mailto:crest@smgov.net)

For more information please call our office at

(310) 458-8540 or go to [smgov.net/crest](http://smgov.net/crest)



@CRESTSantaMonica



### 1 ENROLLMENT & PROGRAM FEES

Please review the CREST Club enrollment form and fee section thoroughly.

### 2 ACTIVITY REGISTRATION FORM + COVID-19 WAIVER

Please make sure BOTH sides of this form are 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. Don't forget to fill in the contact details of adults authorized to pick up your child(ren) in an emergency. The Covid-19 Waiver must also be completed in order to participate.

### 3 CREST CLUB PROGRAM FEE AGREEMENT

Please read carefully and complete fully with your child's name and enrollment option.

### 4 AUTO BILLING FORM

Please complete fully and ensure credit card information is accurate. Please sign at the bottom of the page authorizing monthly payment.

### 5 CHILD INFORMATION QUESTIONNAIRE

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

### 6 FINANCIAL ASSISTANCE APPLICATION

The City of Santa Monica offers Financial Assistance to qualifying families with moderate to low income, whose students attend a Santa Monica based Santa Monica-Malibu Unified School District School and participate in CREST after-school programs during the school year. **Request application from the Site Lead. Apply Early!**

**Please note that Financial Assistance applications may take up to 15 business days to process. Financial Assistance must be approved prior to registering for the CREST programs.**

For more information about our Financial Assistance Program, please visit:  
[smgov.net/financialassistance](http://smgov.net/financialassistance)



Service	Hours of Service	Days of Service	Fees
CREST Club	School Dismissal 6:00PM	School year Monday-Friday when school is in session	\$375/per month

**Please Note:** City of Santa Monica CREST does not offer AM Care. Our SMMUSD partners offer AM Care options at all elementary schools. Please contact SMMUSD's Child Development Services at (310)399-5865 for enrollment information or visit their website at: <http://www.smmusd.org/CDS/>

**Registration Fee:** A one-time \$50 registration fee in addition to the first month's payment. **(Exception: Those applying for Financial Assistance or receiving Connections for Children/CalWorks should contact the office with regards to their payments).**

### CREST Club Program Fee Agreement

\_\_\_\_\_ (Child's Name) will be participating in CREST CLUB for the 2021-22 school year.

- **Payments are due on the 25<sup>th</sup> of each month for the following month.**  
Non-payment by the 1<sup>st</sup> of the month will result in the loss of program services.
- All students are expected to follow the established site rules.  
Progressive discipline is used and may include parental involvement.
- The CREST Club program ends at 6:00pm. Late pick-ups will be noted and charged a fee of \$1 per minute. Continuous late pick-ups will result in termination of services.
- Each child will be signed into the program DAILY by the CREST Staff. No child will be released to anyone who is not listed on their emergency card unless PRIOR, written permission is given by the parent. Emergency contact information should be updated as changes occur.

Once enrolled, please notify the CREST site staff if your child/ren will be absent from the program.



### City of Santa Monica Automatic Billing Form

Name of Child: \_\_\_\_\_

School: \_\_\_\_\_

Program Name: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Beginning January 1, 2021, all credit card transactions will incur a convenience fee charged by the processor of 2.95% of the CREST Club fee. E-checks are a no-cost alternative.

To learn more about these fees, visit [finance.smgov.net](http://finance.smgov.net).

**Your card/account will be charged on the 25th of each month for the following month of CREST Club.**

Credit Card Account Information	
Name exactly as it appears on the card:	
Billing Address:	City, State, Zip:
Credit Card Number (Visa, Master Card, Discover, American Express):	Expiration Date:          CVV #
Cardholder's Signature:	Today's Date:

Electronic Check Information	
Name exactly as it appears on the account:	
Billing Address:	City, State, Zip:
Routing Number:	Account Number:
Account Holder's Signature:	Today's Date:

PARENT/GUARDIAN SIGNATURE

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

Credit Cardholder's Signature: \_\_\_\_\_



We at CREST are interested in learning more about your child's interests. Your input is important so that we can best meet the needs of your children and family. Please complete this page for each child you wish to enroll in the program.

Child's Name:		Grade Level:		School:	
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Does your child have any special needs?	Yes	No	If yes, please briefly describe your child's special need(s) and/or challenges:	
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If yes, may we contact you to set up a meeting?	Yes	No	What is the best way to contact you?	
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What are your child's strengths, talents, and interests?				
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Please list any activities, games, hobbies, etc. that your child enjoys or has expressed interest				
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What activities or situations does your child avoid, or dislike?				
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Our goal at CREST is to help children develop positive social skills such as cooperativeness and being able to handle conflict with friends respectfully. We want to help your child with any behavioral or social challenges that they may experience in the after-school program. In order for our staff to help support your child, please share with us what strategies or tools you use at home to reduce any behavioral and environmental challenges that may arise.

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**CREST** is dedicated to cultivating an environment that is inclusive, and that promotes and encourages positive youth character development. Use of profanity, demeaning language, and/or behavior that is perceived as aggressive or threatening to participants, spectators, or staff is unacceptable in any program area. Staff have an obligation to do all they can to prevent mistreatment or bullying of youth by anyone, including other staff, other adults, or other youth. Bullying is aggressive or threatening behavior that is intentional, repeated, and involves an imbalance of power or strength. Bullying may be based on actual or perceived race, color, ethnicity, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, intellectual ability, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or any other distinguishing characteristic, or on a person's association with a person or group with any of the actual or perceived foregoing characteristics. Adults affiliated with a child participant exhibiting these behaviors may be asked to leave the program area and their child participant could be subject to withdrawal from the program.

**Policy:**

- Upon the first occurrence, a CREST program representative will immediately speak with the individual exhibiting the unacceptable behavior. The policy will be reviewed and the occurrence will be documented and logged.
- Upon the second occurrence, the CREST program representative will escort the individual away from the program area. The second occurrence will be documented and logged.
- Upon the third occurrence, the CREST program representative will remind the parent of the policy and their child participant will be subject to withdrawal from CREST program(s). The third occurrence will be documented and logged.
- Parent or guardian will be contacted and provided with documentation about the consequences of program disruption.
- Program fees will not be refunded.
- When necessary, City staff will call the Santa Monica Police Department for the safety of children, spectators and staff.

By signing, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes/camps/programs/activities.

PARENT/GUARDIAN SIGNATURE

Child Participant's Full Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF SANTA MONICA REGISTRATION FORM

Community Classes, Programs, Camps and Activities



ONLINE REGISTRATION AVAILABLE AT [WWW.SMGOV.NET/RESERVE](http://WWW.SMGOV.NET/RESERVE)

**Mail-in and Drop-off Registration** — Complete information on both sides of this form. Incomplete forms will not be processed.

**Community Classes Office**  
\*fax/email submissions only\*  
Phone: (310) 458-2239  
Fax: (310) 899-0840  
E-mail: [communityclasses@smgov.net](mailto:communityclasses@smgov.net)

**Santa Monica Swim Center**  
2225 16th Street  
Santa Monica, CA 90405  
Phone: (310) 458-8700  
Fax: (310) 450-5076  
E-mail: [aquatics@smgov.net](mailto:aquatics@smgov.net)

**Youth Office at Reed Park**  
1133 7th Street  
Santa Monica, CA 90403  
Phone: (310) 458-8540  
Fax: (310) 451-3569  
E-mail: [crest@smgov.net](mailto:crest@smgov.net)

## A: Participant Information

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Non-Binary  Female  Male  School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Special Needs/Medications/Allergies: \_\_\_\_\_  
Cultural/Ethnic Background African American/Black  Asian  Hispanic/Latino  White   
American Indian/Alaska Native  Pacific Islander  Multiple (Check all that apply)  Other

## B: Parent/Guardian Information

Complete if participant is under the age of 18. Leave blank if information is same as above.

Full Name: \_\_\_\_\_ Gender: NonBinary  Female  Male  Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Adults over the age of 18 who are LOCAL and authorized to pick up your child in the event you cannot be reached during an emergency.  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
My child is at least 12 years of age and may sign themselves in or out at the end of the program: [ ] Yes [ ] No

## C: Proof of Residency Requirement

Santa Monica residents must complete **ONE** of the following for residency verification.

Please Check:  CA Driver's License #  CA State ID #  Utility Account #  Consular ID Card #

## D: Camps, Classes & Activities

Section #	Activity Name	1st Choice Day/Time	2nd Choice Day/Time	3rd Choice Day/Time	Fee
Total Fees:					

## E: Payment

[ ] Check or Money Order (Payable to City of Santa Monica)

[ ] Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name (as it appear on the card): \_\_\_\_\_ Signature \_\_\_\_\_

**Beginning January 1, 2021, all credit card transactions will incur a convenience fee charged by the processor of 2.95%. E-checks are a no-cost alternative. To learn more about this fee, visit [finance.smgov.net](http://finance.smgov.net).**

If account becomes delinquent, future programming could be interrupted, and account may be referred to a third party collection agency.

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## Waiver, Release and Assumption of Risk

For and in consideration of my participation in the above-named activity, the undersigned freely and voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury of any kind (regardless of seriousness), property damage, or wrongful death occurring to himself/herself arising out of or as a result of participating in the above-named activity, wherever or however the same may occur and for whatever period said activities may continue. The undersigned, for himself/herself, his/her heirs, executors, administrators, successors or assigns, hereby assumes all risks of participating in said activity and releases, waives, discharges, and relinquishes any action or causes of action as described in this document, which may hereafter arise for himself/herself and for his/her estate, and agrees that under no circumstance will he/she or his/her heirs, successors, executors, administrators, or assigns prosecute or present any claim or action for personal injury, property damage, or wrongful death against the City of Santa Monica, or any of its officers, agents, or employees for any of said causes of action whether the same arise because of the negligence of any said persons or otherwise. The undersigned acknowledges that staff associated with the activity may not be employees of the City, and may be independent contractors.

IT IS MY INTENTION BY THIS RELEASE TO VOLUNTARILY EXEMPT, RELIEVE, INDEMNIFY, HOLD HARMLESS, AND RELEASE THE CITY OF SANTA MONICA AND ALL OF ITS AGENTS, OFFICERS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE, WHETHER OR NOT CAUSED BY NEGLIGENCE, AND FOR THE UNDERSIGNED TO ASSUME ALL RISKS OF PARTICIPATING IN THIS ACTIVITY.

The undersigned acknowledges that he/she has read the foregoing two paragraphs and fully understands the potential danger incidental to engaging in the above-named activity. Those potential dangers include, but are in no way limited to:

**Swimming Activities:** Slip and fall, drowning, hypothermia, dehydration, heat exhaustion, sunburns, collision with other participants, unpredictable currents and tides, water-borne contaminants or illnesses, stings and bites from animals (if in ocean), scrapes and abrasions.

**Outdoor Recreation Activities:** Slip and fall, sprains or broken bones, cuts and abrasions, collision with other participants, overexertion, dehydration, sunburns, and heat exhaustion.

**Classroom Activities:** Slip and fall, allergic reactions, adverse responses to chemicals, abrasions and cuts, burns, injuries from use of tools and equipment.

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian or legal guardian does hereby represent that he or she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and all other parents and/or legal guardian. I further consent to any necessary medical treatment for my minor child, should he or she become injured and require immediate medical care.

## Refund Policy

COMMUNITY CLASSES, COMMUNITY AQUATICS, AND CREST ENRICHMENT: A \$15.00 processing fee applies for each activity session refunded. Request must be made in writing to the program supervisor in person or by fax, mail, or email. Refunds will be issued only if requested within one day after the first class meeting.

CREST CLUB: Withdrawal of a child from the CREST Club Program requires that the Site Coordinator be notified in writing at least one month prior to the withdrawal. Fees are not prorated. Returning participants will be charged the \$50.00 registration fee.

CAMPS: Refunds will be issued with medical documentation or if requested at least 5 days prior to the first meeting. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing to the Program Supervisor in person or by fax, mail or email.

WORKSHOPS AND INDIVIDUAL CLASSES: Registration and material fees are nonrefundable.

REFUNDS FOR DUPLICATE/MULTIPLE ENROLLMENTS resulting from multiple registration submissions (at one or more offices or via online registration) will be subject to a \$15.00 processing fee for each activity session refunded.

## Photo Release

I give my consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of my likeness, voice and/or activities and further authorize the City of Santa Monica, and its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for any such reproductions. I do hereby release and hold harmless the City of Santa Monica, and its officers and employees from any claims. Anyone who does not wish to consent to the Photo Release provision should contact the Community Classes Office at (310) 458-2239 or [communityclasses@smgov.net](mailto:communityclasses@smgov.net).

## Authorization

By signing below, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes, camps, programs and activities.

Signature

Print Name

Date

**City of Santa Monica  
Waiver and Release of Liability  
Related to Coronavirus/COVID 19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects and/or possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. COVID-19 is present in individuals residing and working in the City of Santa Monica (“City”). If you choose to participate in City programs or use City facilities, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

I, \_\_\_\_\_ (Full legal name), have read and understand the above warning concerning COVID-19. I desire to participate and/or have my children participate in the \_\_\_\_\_ (the “Activity”). I am fully aware of the rules and regulations imposed by the State of California, the Los Angeles County Department of Public Health, and City, including the requirement that I and/or my children must maintain social distancing of at least six feet from other participants and must wear a mask as required by City rules while engaging in the Activity. I represent that:

- I am aware that persons over age 65 and persons with underlying health conditions are at greater risk of contracting COVID-19 and becoming ill, potentially risking death.
- I am not experiencing symptoms of COVID-19, such as a dry cough, fever, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of sense of smell and/or taste.
- I have not been advised by a physician that I am COVID-19 positive.
- I am physically able to engage in the Activity while following all City rules.

If my children are participating in the Activity, I represent that the above are true for all of my children who are participating in the Activity. In consideration for participation in the Activity and/or use of City facilities by me and/or my children, I agree as follows:

**ASSUMPTION OF RISK.** I hereby choose to accept the risk that I and/or my children may contract COVID-19 in order to participate in the Activity and/or use City facilities. I hereby acknowledge that, knowing of this risk, I am freely and voluntarily choosing to participate and/or have my children participate in the Activity and/or use City facilities and I agree to assume the full risk of any injuries and/or damages and/or losses of any kind to me and/or my children, regardless of severity and including death, that may occur in connection with participation in the Activity and/or use of City facilities by me and/or my children.

**WAIVER AND RELEASE OF LIABILITY.** I, intending to be legally bound for myself and my children, heirs, personal representatives, next of kin, and anyone who might make a claim on my behalf (collectively, “Potential Claimants”), hereby waive, release, and discharge the City, and its elected officials, officers, agents, employees, and volunteers (hereinafter collectively referred to as “Releasees”) from any and all claims for damages and/or liability, whether caused

by any active or passive negligent act or omission of the Releasees in connection with exposure, infection, and/or spread of COVID-19 related to participation in the Activity and/ or use of City facilities by me and/or my children and promise not to sue the Releasees for any damages I and/or any Potential Claimants incur. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

**COMPLIANCE WITH ALL RULES.** I and/or my children agree to obey all rules and regulations applicable to the Activity and/or use of City facilities and instructions provided by the City's staff and volunteers during participation in the Activity and/or use of City facilities by me and/or my children.

**MEDICAL RELEASE.** I authorize the City to provide or cause to be provided such medical treatment to me and/or my children as may be necessary or appropriate if any injury occurs while I and/or my children are participating in the Activity.

**CHOICE OF LAW.** I understand and agree that the law of the State of California will apply to this Agreement.

**MISCELLANEOUS.** I acknowledge and agree that this Agreement is binding upon my heirs, assigns and legal representatives. I agree that this Agreement is intended to be as broad and inclusive as is permitted by California law. I further agree that this Agreement is severable and that if any clause is found invalid, the balance of the Agreement will remain in effect, valid, and enforceable.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, KNOW, UNDERSTAND AND AGREE TO BE BOUND BY ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.

Participant's Full Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is under the age of 18, a parent or legal guardian must read and sign this Agreement, agreeing to be bound by its terms and verifying that he/she is the parent and/or legal guardian of the minor.

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_