



CREST Club

**ADDITIONAL CREST PROGRAM**

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. **Please note:** The Fall 2020 season is offering virtual classes only. The protocols will be revisited before the start of the Winter registration season to determine any adjustments. Thank you for your continued support of our programs!

**REGISTRATION DATES:**

FALL 2020: Enrollment has ended and classes begin the week of September 14, 2020

WINTER 2021: To be determined

SPRING 2021: To be determined

**Register for CREST activities and more at [www.smgov.net/reserve](http://www.smgov.net/reserve)**



# CREST CLUB

**ENROLLMENT**

**2020-2021**

**CREST YOUTH OFFICE @ REED PARK  
1133 7TH ST.  
SANTA MONICA, CA 90403**

**REGISTRATION BEGINS SEPTEMBER 15TH**

PH: 310.458.8504  
FAX: 310.451.3500

**SMGOV.NET/CREST**





CREST Club is a out-of-school time program that provides 4th & 5th graders with a variety of activities, including onsite supervision during distance learning, homework assistance, fieldtrips, 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: FRANKLIN, GRANT, ROOSEVELT AND WILL ROGERS

Pre-registration begins on September 15, 2020

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 September 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 Mailbox Drop off:
1133 7th St. Santa Monica, CA. 90403

Office Hours: The office is currently closed

Fax: (310) 451-3569

Email: crest@smgov.net

Online: smgov.net/reserve

For more information please call our office at

(310) 458-8540 or go to smgov.net/crest



Like and follow us! facebook.com/crestsantamonica

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. 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: \_\_\_\_\_



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:	<input type="text"/>	Grade Level:	<input type="text"/>	School:	<input type="text"/>
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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:	<input type="text"/>
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<input type="text"/>
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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?	<input type="text"/>
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What are your child's strengths, talents, and interests?	<input type="text"/>
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<input type="text"/>
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Please list any activities, games, hobbies, etc. that your child enjoys or has expressed interest	<input type="text"/>
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<input type="text"/>
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What activities or situations does your child avoid, or dislike?	<input type="text"/>
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<input type="text"/>
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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 without fighting or name-calling. 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 after school, please share with us what strategies or tools you use at home to reduce any behavioral problems that may arise.

<input type="text"/>
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Ideally, what are your activity preferences for your child after school? Check all that are applicable:

<input type="checkbox"/>	Supervised recreation and games	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Drama
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Science
<input type="checkbox"/>	Music	<input type="checkbox"/>	Community Service
<input type="checkbox"/>	Academic Enrichment	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Would you like the CREST staff to assist your child with homework?	<input type="text"/>
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**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 (with numbers and expiration date for credit card payments). And 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 PROGRAM FEE AGREEMENT FORM**  
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. *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 Group Drop-off 12:15-12:30pm Pick-up 5:15-5:30pm	12:15-5:15pm	School year Monday-Friday when school is in session	\$550 /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 2020-21 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 5:30pm. 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 and out of the program DAILY by the CREST Staff. An authorized person must be present to release the child. Adults will remain in the their vehicle during their drop-off and pick-up slots. 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 coordinator 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: \$ \_\_\_\_\_

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

Primary 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:

Secondary 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:

**PARENT/GUARDIAN SIGNATURE**

I authorize you to bill all charges from the program listed above to the credit cards 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:** \_\_\_\_\_