

**SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT—Child Development Services  
Pre-Enrollment Application for School-Age Programs (SAP)**

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

Please email form to: [sap@smmusd.org](mailto: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.

<b>CHILDREN NEEDING SCHOOL AGE PROGRAMS:</b>	
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 _____
<b>Parent One:</b> ▶ _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____	<b>Parent Two:</b> ▶ _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: (____) _____ - _____ Cell Phone Number (____) _____ - _____
<b>Mother's Employer/School:</b> _____ Work/School Address: _____ Work Phone Number: (____) _____ - _____	<b>Father's Employer/School:</b> _____ Work/School Address: _____ Work Phone Number: (____) _____ - _____
<b>Please Check all that apply:</b> Child's Language: English _____ Spanish _____ Other _____	<b>Please Check all that apply:</b> Parent's Language: English _____ Spanish _____ Other _____
<b>Child's Race:</b> <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	<b>Child's Ethnicity:</b> <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><b><u>Please check the school your child will be attending:</u></b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Edison</td> <td><input type="checkbox"/> Will Rogers</td> </tr> <tr> <td><input type="checkbox"/> Franklin</td> <td><input type="checkbox"/> John Muir</td> </tr> <tr> <td><input type="checkbox"/> Grant</td> <td><input type="checkbox"/> SMASH</td> </tr> <tr> <td><input type="checkbox"/> McKinley</td> <td><input type="checkbox"/> Undecided</td> </tr> <tr> <td><input type="checkbox"/> Roosevelt</td> <td></td> </tr> </table> <p>⇒ Please check ✓ school year requesting: <input type="checkbox"/> 2022-23   <input type="checkbox"/> 2023-24   <input type="checkbox"/> 2024-25</p>	<input type="checkbox"/> Edison	<input type="checkbox"/> Will Rogers	<input type="checkbox"/> Franklin	<input type="checkbox"/> John Muir	<input type="checkbox"/> Grant	<input type="checkbox"/> SMASH	<input type="checkbox"/> McKinley	<input type="checkbox"/> Undecided	<input type="checkbox"/> Roosevelt		<p><b><u>PROGRAM REQUESTING:</u></b></p> <p><input type="checkbox"/> Early Express (TK &amp; K with older sibling only) <b>Dismissal until 3:00pm</b></p> <p><input type="checkbox"/> AM Only 7:00am until school begins</p> <p><input type="checkbox"/> Full Time <b>Before/After school</b> (7:00 am until start of school/dismissal until 6:00 pm)</p>
<input type="checkbox"/> Edison	<input type="checkbox"/> Will Rogers										
<input type="checkbox"/> Franklin	<input type="checkbox"/> John Muir										
<input type="checkbox"/> Grant	<input type="checkbox"/> SMASH										
<input type="checkbox"/> McKinley	<input type="checkbox"/> Undecided										
<input type="checkbox"/> Roosevelt											

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**▶ 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 – from all sources (before taxes):* \_\_\_\_\_

*Father's 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 #** \_\_\_\_\_