

Santa Monica-Malibu Unified School District—Child Development Services

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

Childcare Waitlist Application for School-Age Programs (SAP)

Please email form to: sap@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 (SAP):	
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 Numbr: _____	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/School Phone Number: _____	Parent/Guardian # 2 Employer/School: _____ Work/School Address: _____ Work/School Phone Number: _____
Child's Primary Home Language: English Spanish Other _____	Parent's Primary Home Language: English Spanish Other _____
Child's Race: American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander	Child's Ethnicity: Hispanic or Latino 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> <table style="width:100%;"> <tr> <td>Edison</td> <td>Will Rogers</td> </tr> <tr> <td>Franklin</td> <td>Ocean Park School House</td> </tr> <tr> <td>Grant</td> <td>(SMASH)</td> </tr> <tr> <td>McKinley</td> <td>Undecided</td> </tr> <tr> <td>Roosevelt</td> <td></td> </tr> </table>	Edison	Will Rogers	Franklin	Ocean Park School House	Grant	(SMASH)	McKinley	Undecided	Roosevelt		<u>Program Requesting:</u> AM Only 7:00 a.m. until school begins Full Time Before/After school (7:00 am until start of school/ dismissal until 6:00 pm) 2026-27 - school year
Edison	Will Rogers										
Franklin	Ocean Park School House										
Grant	(SMASH)										
McKinley	Undecided										
Roosevelt											

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's monthly gross income (before taxes): _____

Parent/Guardian 2's monthly gross income (before taxes): _____

Are you or any member in your family receiving (please include amounts):

Child Support \$ _____ Unemployment \$ _____ TANF/Cal WORKs \$ _____ Medi-CAL

Cal Fresh/Food Stamps \$ _____ Healthy Families SSI WIC

Other \$ _____ Please specify _____

Is your family homeless? YES NO

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

Reason for needing care: _____

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 # _____