



CREST Youth Office at Virginia Ave Park
2200 Virginia Ave
Santa Monica, CA 90404
310-458-8540



CREST CLUB Enrollment

2026 - 2027

Application Collection Begins :
May 1, 2026 - 9:00 AM

GRADES
4-5



WHAT WE PROVIDE

- Academic Support
- Supervision from dismissal - 6:00pm
- Structured Activities



Applications must be emailed to CREST@santamonica.gov or dropped off at Virginia Ave Park.



Online Registration is not available.



SANTAMONICA.GOV/PROGRAMS/CREST





CREST Club is an 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 each of the seven program sites.

CREST Club Locations: EDISON, FRANKLIN, GRANT, MCKINLEY, ROOSEVELT, SMASH, AND WILL ROGERS

Application Collection for new families will open on

May 1st, 2026 at 9:00 a.m.

- Please review and complete the attached CREST Club enrollment packet and ensure that all sections are complete and each page is signed where noted.
- We will begin accepting applications on May 1st to reserve a spot; however, payments will not be processed until July.
- 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

In-Person: Submit hard copies to your child's school- designated CREST Program Coordinator, or drop them off at the Virginia Avenue Park – Park Center Office (2200 Virginia Avenue, Santa Monica, CA 90404).

Digitally: Submissions may be sent to crest@santamonica.gov. **Digital submissions sent in prior to 9:00 a.m. on May 1st will not be accepted.**

For more information, please call our office at (310)458-8540 or go to santamonica.gov/programs/crest



1 CREST CLUB ENROLLMENT & PROGRAM FEE AGREEMENT

Please review the CREST Club enrollment form and fee section thoroughly. Please read carefully and complete fully with your child's name.

2 AUTO BILLING FORM

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

3 CHILD INFORMATION QUESTIONNAIRE

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

4 CREST CODE OF CONDUCT

Please review and sign the CREST Code of Conduct.

5 ACTIVITY REGISTRATION FORM

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.

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 3 weeks to process. Financial Assistance must be approved prior to registering for the CREST programs.



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: 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 2026-27 school year.

- **Payments are due on the 25th of each month for the following month.** Non-payment by the 1st 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 6:00 pm. 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: _____

Program Name: _____ Amount Authorized: \$ _____

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.

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, MasterCard, 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:
Account Number:	Routing 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 14 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	
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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, visitors, 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 with the participant and parent or guardian 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 and parent or guardian will be notified.
- Upon the third occurrence, the CREST program representative will contact parent or guardian and schedule a meeting to inform of next steps regarding the child's participation in CREST program(s). The third occurrence will be documented and logged.
- Parent or guardian will be 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, visitors and staff.

PARENT/GUARDIAN SIGNATURE

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.

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

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

Santa Monica Swim Center
2225 16th Street
Santa Monica, CA 90405
Phone: (310) 458-8700
Fax: (310) 450-5076
E-mail: 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

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

Please note: An additional non-refundable credit card processing fee of 2.95% will be charged for all credit card transactions.

[] Credit Card # _____ Exp Date _____ CVV _____

Name (as it appear on the card): _____ Signature _____

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 CREST Youth Office at (310) 458-8540 or CREST@santamonica.gov

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

The City of Santa Monica is committed to creating opportunities for enrichment and learning at every age. Our programs and services are designed for our youngest community members to older adults. We take the safety of youth, and vulnerable adults seriously. Whether you are taking advantage of a City homework help program, sending your child to swimming lessons at a City pool, or letting your child participate in any other City-managed youth program, you will be entrusting your child to the care of another adult. Here are some steps you can take to help keep your child safe.

The City of Santa Monica has ZERO TOLERANCE for abuse and will not tolerate the mistreatment or abuse of participants in its programs.

KNOW who is working with your child. Become familiar with the program and staff. Know what will be covered when, and check with program staff to get specifics about planned activities, including field trips. Know the rules the program sets for interactions between youth and adult staff. City-managed programs place strict boundaries on interactions between youth and adult staff and generally prohibit all of the following: isolated, non-public, one-on-one interactions; exchanges of emails, texts, or calls without express parental permission, and then only as absolutely necessary for program purposes, such as scheduling; giving gifts, including food, without express parental permission; sharing secrets; and engaging in inappropriate physical interactions such as lap sitting, kisses, wrestling, piggyback rides, tickling, massage, or any touching of inappropriate areas. These boundaries are set out in a Code of Conduct for Providing Services to Youth and Standards for City-Managed Youth Programs. Both of these documents are available on the City's website at santamonica.gov/topic-explainers/child-abuse-prevention, or you can ask any staff member for a copy. The more you know about the boundaries that should be in place between youth and adult staff, the better you will be able to identify and report a violation of these boundaries.

GO visit the program. Take any scheduled opportunity to meet program staff and see the facility the program is in. Consider dropping in unexpectedly on the program when your child is there. If you observe any violation of boundaries or other program rules, make sure to report it to a program supervisor. The city has standards for responding to reports of inappropriate conduct that are available on the City's website at santamonica.gov/topic-explainers/child-abuse-prevention, or you can ask any staff member to see them. The more you know about how to report violations, and how those reports should be addressed, the more easily you will be able to assist program supervisors in ensuring that staff are complying with boundaries and program rules.

SHOW your child you are interested in what happens in the program. Talk with your child after program about what your child did during the session. Notice your child's mood and whether your child is willing to describe what happened during the program session with confidence and specificity. If your child appears hesitant or upset, explain that it is alright to tell you about anything that happened. If your child tells you about conduct that violated boundaries or other program rules, make sure to report it to a program supervisor so that it can be addressed.

If you are interested in receiving more information on how to help keep your children safe, the City has sponsored training for parents on how to help prevent child abuse. Additional training sessions are offered periodically. You can find information on the City's website.

REPORT ABUSE OR CONCERNS

Los Angeles County CPS

(800) 540-4000

Santa Monica Police

(310) 395-9931