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**SOLANA BEACH CHILD DEVELOPMENT CENTER
EXPANDED LEARNING PARTICIPATION FORM
2024-25 School Year**

School Site: CC SH SKY SR SP SSF SV

Program Request (mark all that apply): Childcare Enrichment Band Academic Clubs

CHILD'S NAME (Last, First): _____

2024-25 Grade: Jumpstart/K 1st 2nd 3rd 4th 5th 6th

Does your child fall into one of the categories listed below? (mark all that apply)

Free or Reduced Lunch Homelessness Foster Youth English Learner None

Emergency Contact Information:

Parent/Legal Guardian Name: _____

Home Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

My signature below gives permission for my child to participate in the Expanded Learning Opportunities Program provided by SBCDC.

Parent/Guardian Signature: _____ Date: _____