

**Solana Beach Child Development Center
Band Scholarship Application**

Site: SKY SP SR SSF Other: _____
 School Year: _____

Child #1	Child #2
Child's Name: _____	Child's Name: _____
Grade: _____ Room #: _____	Grade: _____ Room #: _____
Beginning Band: _____	Beginning Band: _____
Advanced Band: _____	Advanced Band: _____

Parent's Name: _____	Phone: _____
Address: _____	Email: _____
Name of Employer or School: _____	Phone: _____
Employer or School Address: _____	
Parent's Name: _____	Phone: _____
Address: _____	Email: _____
Name of Employer or School: _____	Phone: _____
Employer or School Address: _____	

Initial each of the following boxes to certify that you have read and understand the guidelines for a Solana Beach Child Development Center (SBCDC) Band scholarship.

- I understand that to be eligible for an Band scholarship I must meet the following criteria:
 - ◆ *Approved for Free or Reduce Price Lunch Program*
 - ◆ *No outstanding balances with any SBCDC program*
- I understand that ALL information on this application is subject to verification.
- I understand that falsifying or omitting any information requested will disqualify the applicant from the scholarship eligibility process.
- I understand that any changes in the parent or guardian's employment or student status needs to be reported to the SBCDC Office.
- I understand that scholarships are for the use of the **authorized** band program only and does not include fees for late pick-ups, return checks, and other CDC activities or supplies.
- I understand children are only eligible to receive one SBCDC scholarship at a time and thus cannot receive both an enrichment class, child care, band, or academic club scholarship in the same school year.
- I have reviewed the eligibility requirements and have attached a copy of my family's Free and Reduced Price Lunch Program letter to the completed application and dropped off or mailed to the SBCDC Office, 309 N. Rios Ave., Solana Beach, CA 92075
- I understand that if my application is incomplete or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval or possible ineligibility.

I certify that all of the information provided above is true and correct. I understand the SBCDC may verify any information

- ◆ provided on this application. I have read and understand the above policies and procedures. I further understand by signing below, that if my application is not approved I am liable for all charges accrued to date.

Signature of Parent/Legal Guardian

Date

Signature of SBCDC Representative

Date

Band Consent Form

I give permission for my child to participate in activities that may occasionally be used for District publicity, publications, or public relations. The District may provide credit to my child if his or her work is highlighted.

I give permission for my child to participate in activities that may be used for the District website. Names or personally identifiable information will not be published on the website.

Yes OR No

I give permission for my child to be photographed or interviewed by news media who may request permission to enter upon District campuses to feature the District, and/or students for local newspapers, television, and other media.

Yes OR No

Please be aware that photographing and videotaping by a device such as a cell phone may occur without the knowledge of District staff. Please also be aware that parents and students might take photos of events in classrooms or around schools, which they might post on the internet or otherwise distribute without the permission of the school.

I hereby give consent to the Solana Beach Child Development Center to provide all emergency dental, or medical care prescribed by a duly licensed medical care provider at our expense. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I release the Solana Beach Child Development Center and the Solana Beach School District from any liability that may occur from participation in class.

Yes OR No

Allergies/Critical Information including special needs or assistance your child regularly receives: _____

My child will attend CDC after Enrichment class

My child will be picked up by an authorized contact

Parent Signature: _____ **Date** _____