

# Hilo Spring Intersession 2017

**Registration Deadline: March 10, 2017**

1. Child's Name (Last, First, M.I.) \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

2. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)

\_\_\_\_\_  
Parent's Name LIC# Work Phone Cell Phone

\_\_\_\_\_  
Parent's Name LIC# Work Phone Cell Phone

3. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Medical Conditions/Allergies \_\_\_\_\_

5. Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

7. Authorized Pick-Up & Emergency People (Other than parents / legal guardians):

\_\_\_\_\_  
Name LIC# Work Phone Cell Phone

\_\_\_\_\_  
Name LIC# Work Phone Cell Phone

**SPONSOR**

I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama'aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to Kama'aina Kids Supervisor or staff-in-charge. I hereby give my child permission to attend and participate in the activities conducted by Kama'aina Kids' program. These activities include aquatics, off-property excursions, van transportation, and enrichment activities. I hereby authorize Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations programs. The video-photo may only be used by Kama'aina Kids. No further claims will be made by me.

**DISCIPLINE**

Discipline is used to assure the safety and well being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Kama'aina Kids staff consistent with these expectations, then the child will take a time out from the activity at the staff member's discretion. A child with consistent behavior problems will be sent to Kama'aina Kids' Program Site Coordinator who may contact the parents for the purpose of removing the child from the program. Kama'aina Kids reserves the right to refuse any child's future participation in its programs. I hereby authorize Kama'aina Kids and its employees to exercise these discipline policies in regard to my child.

Signature of Releasor \_\_\_\_\_ Date \_\_\_\_\_

Stay in contact with Kama'aina Kids Programs for keiki of all ages! Sign-up to receive our notifications on programs and specials!

Email: \_\_\_\_\_ First/Last Name: \_\_\_\_\_

Kama'aina Kids is an equal opportunity organization and does not deny enrollment or discriminate on the grounds of race, color, religion, gender, or national origin. Eligibility to participate in this program is dependent on verification of a child's ability to function safely in a 1:15 ratio.

**Mar 20 through Mar 24 • Grades K-6**

**1 Select Site**

- Hilo Union Elementary  
 Waiakea Elementary

Register online at  
[www.kamaainakids.com](http://www.kamaainakids.com)  
and **SAVE!**

**2 Camp Full Session**

7:00am-5:30pm, \$145/session (3/20-3/24)

**3 Camp by the Day**

**March**

20	21	22	23	24
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\*\*Use above calendar to select dates.\*\*

7am-5:30pm \_\_\_\_\_ days x \$31/day = \$ \_\_\_\_\_

Lunch \_\_\_\_\_ x \$5/day = \$ \_\_\_\_\_

Please make payments to  
**Kama'aina Kids** and submit to:  
Hilo Union A+ • 506 Waianuenue Ave. 96720  
**Questions?** Call 974-4964  
Waiakea A+ • 180 West Puainako St. 96720  
**Questions?** Call 987-0497 or 960-2226

**A minimum of 15 registered children per day  
is needed for program to operate**

Totals 2 & 3 ..... \$ \_\_\_\_\_

\*Late Fee(\$15) ..... \$ \_\_\_\_\_  
After 3/10

Total Due ..... \$ \_\_\_\_\_

**\$30 Withdrawal Fee • \$15 Late Fee • \$10 Program Changes • \$30 Return Check Fee**  
If family is on state assistance of any kind, program payments need to be paid upfront, and are then reimbursed by the state.

**Payment Information Below**

\_\_\_\_\_  
Person responsible for payment

- Option 1** (Check or Money Order) # \_\_\_\_\_  
 **Option 2** (Credit/Debit Card - please  type of card below)

VISA  MasterCard  Discover  Amex

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Card Number Exp.Date CVV/CV2

Total Amount to be Charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Date