

Kona 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

- Kahakai Elementary
- Konawaena Elementary

Register online at
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

Please bring a home lunch

Use above calendar to select dates.

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

<p>Please make payments to Kama'aina Kids and submit to: Kahakai A+ • 76-147 Royal Poinciana Dr. 96740 Questions? Call 327-4342 Konawaena A+ • 81-901 Onouli Rd 96750 Questions? Call 323-7570 A minimum of 15 registered children per day is needed for program to operate</p>	<p>Totals 2 & 3 \$ _____ *Late Fee(\$15) \$ _____ After 3/10 Total Due \$ _____</p>
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\$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 _____