

Wailuku Elementary After Summer School Program

Registration Form

Registration Deadline: May 19, 2017
Program runs June 13 - July 7



*A \$15 late fee is automatically assessed for registration forms received after May 19, 2017 No Program July 4

1. Child's Name (last, first, m.i.) _____ Grade Completed _____
Birthdate _____ Gender _____ School Attending: Wailuku Elementary
2. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)
Parent _____ HDL# _____ Cell Ph. _____ Work Ph. _____
Parent _____ HDL# _____ Cell Ph. _____ Work Ph. _____
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):
a. Name _____ HDL# _____ Work Ph. _____ Home Ph. _____
b. Name _____ HDL# _____ Work Ph. _____ Home Ph. _____

Program Hours: After Care: 2:00pm - 5:30pm

Location: Wailuku Elem. Cafeteria

After Summer School Program (2:00pm - 5:30pm)
 *\$125/session.....no. of children _____ x \$125 = _____
 Late fee \$15 after May 19, 2017 = _____
 Total = _____

*Tuition covers entire summer school session (June 13 - July 7). Prorated rates are not available, and refunds are not issued for days missed due to absence or school closure.

PAYMENT

Check Money Order Chk # _____
 Visa Master Card

Name on Card _____
 Card # _____ Exp. Date _____
 CVV # _____ (3-digit number, located on back of CC)

Total Program Cost \$ _____
 Amount To Be Charged \$ _____

Signature: _____ Date _____

Enclosed is Payment in Full

Make Checks Payable To: Kama'aina Kids.
 Submit Payment and Registration form to our Main Office at
Kama'aina Kids, 156 Hamakua Drive, Ste C, Kailua, HI, 96734-2834
 or fax (808) 261-6066

If there are any questions please call 269-8266.

PAYMENT POLICY

Late Registration: A \$15 Late fee will be assessed for Registration Forms received after the Friday, May 19th deadline.

Program Withdrawal: If you withdraw before the program begins you will be assessed a \$25 fee for full program withdrawal. Once the program has started there will be a \$25 fee plus a \$10/day fee for the number of days attended.

Fees: \$25 Withdrawal Fee; \$10 Program Change Fee; \$30 NSF Returned Check Fee; \$15 Late Registration Fee.

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 _____

*Please return all copies to our Main Office