

Maui Summer Day Camps 2017

May 31 through July 21 • No Program 6/12, 7/4

Registration Deadline: May 19, 2017 *There will be a \$25/child late fee for registrations postmarked or received after May 19, 2017.

Register online at
www.kamaainakids.com
and SAVE!

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.

Wailuku Elementary

1 Summer Package

7am-5:30pm, \$950 for Entire Session

2 Camp by the Week

****Please bring home lunch****

- 7am-5:30pm
\$95 for wk 1
- 7am-5:30pm
\$125/wk for wks 3 & 6
- 7am-5:30pm
\$150/wk for wks 2, 4, 5, 7 & 8

****Check off the weeks needed****

5/31	6/5	6/13	6/19	6/26	7/3	7/10	7/17
1							
		3			6		
	2		4	5		7	8

A minimum of 20 registered children per day is needed by May 19, 2017 for program to operate

Use above calendar to select weeks.

Please make payments to
Kama'aina Kids and submit to:
 Wailuku A+
 355 S. High Street
 Wailuku, HI 96793
Questions? Call 269-8266 or 727-5593

Totals 1, 2\$ _____
 *Late Fee (\$25)\$ _____
 After 5/19
 Total Due\$ _____

\$30 Withdrawal Fee • \$25 Late Fee • \$10 Program Changes • \$25 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# _____

Total Amount to be Charged: \$ _____

_____ Signature _____ Date _____

Payment Plan Options

- Pay in Full Installments (credit/debit only):
- \$100 minimum due upon registration \$ _____
 - May 19 50% of total due \$ _____
 - June 23 remaining balance due \$ _____