

## **BEFORE CARE REGISTRATION FORM**

School		School	2024		2025	Program(s) Requested
Name		Year	2024		2025	Before Care
Child 1: Last Name	First Name	Gender	DOB		Grade (entering)	
Child 1: Last Name	First Name	Gender	DOB		Grade (entering)	
Child 1: Last Name	First Name	Gender	DOB		Grade (entering)	
PARENTS OR LEGAL GUARDIANS AUTHORIZED TO PICK UP CHILD:						
			(	)		( )
Father / Legal Guardian #1		Driver License #	Cell	Phone	e	Home Phone
						( )
Mailing Address: Street	City	Zip Code	Emp	ployer		Work Phone
			(	)		( )
Mother / Legal Guardian #1		Driver License #	Cell	Phone	e	Home Phone
						( )
Mailing Address: Street	City	Zip Code	Emp	ployer		Work Phone
MEDICAL INFORMATION:						
						( )
Doctor's Name	Address					Phone
M. I. I. A.	DI 1' 1' 1' 1	11	1: .:			C 1 '11
Medical Insurance & Policy Number	Please list medical cond					
I authorize only the following people to pic	k up my child or to be called	l in case of an emerge	ency (in add	ition to	parents/gu	ardians):
Name	Relationship to Child	Driver License #	${W_{O}}$	) rk Pho	ne	(      ) Home/Cell #
Ivame	Relationship to Child	Direct Electise #	(	\ \	iic .	( )
Name	Relationship to Child	Driver License #	${W_{01}}$	rk Pho	ne	Home/Cell #
rane	-	IAN CONSENT FORM		IK I IIO		Home Cen II
I hereby agree that, if Kama'aina Kids staff is u illness or injury, that at the discretion of the Kama examination/treatment that is deemed necessary by supervisor or staff-in-charge.  I hereby give my child permission to attend and year noted above.	faina Kids supervisor on duty, my the personnel of the medical faci participate in the activities condu	or child may be taken to the clity, and if permissible butted by Kama'aina Kids	ne nearest med y medical fact s' A+, Before 0	lical faci ility, sub Care, and	ility and be gi osequently rel d Holiday Ca	ven any eased to Kama'aina Kids re programs for the school
I hereby authorize Kama'aina Kids to use my cl public relations programs. The video-photo may o	nly be used by Kama'aina Kids.				on with its ad	vertising, publicity, and
Discipline is used to assure the safety and well- child is not following the guidelines of Kama'aina discretion. A child with continued behavior proble removing the child from the program. Kama'aina I hereby authorize Kama'aina Kids to exercise to	Kids staff consistent with these e ems will be sent to the Kama'aina Kids reserves the right to refuse a hese discipline policies in regard	xpectations, then child w Kids' Program Site Coo ny child future participat	vill take a "tim rdinator who	ne out" fi may con	rom the activi	ity at the staff member's
I understand that any information in this registr grant written permission for the disclosure or an er	ation packet will not be disclosed		amaʻaina Kids	staff un	lless the parer	nts or guardians of the child
Father/Guardian #1 Signature		Mother/Guardian #	2 Signature			
	Date					Date
Father/Guardian #1 Email  Keep up-to-date	on out of school programs and in	Mother/Guardian # tersession day camps by		r our em	ails.	