rev. 050624

## Saint Louis After School Program

Hours: End of School - 5:30 PM						Check Applicable Boxes & Fill Out Blank Spaces.		
Registration	Questions? Call 808-291-6665 or 808-262-453			538	Daily* Monthly \$10.00 \$200.00 *Daily rates  apply to 8 Days or less. If child			
Child 1: Last Name	First Name	.e	Gender	D.O.B	Grade	attend 9 days or more monthly tuition will be		
Child 2: Last Name	First Nam	First Name		D.O.B	Grade	changed.		
PARENT OR LEGAL GU	JARDIANS AUTHORIZED	TO PICK UI	P CHILD					
Parents Name	Email Address			Driver License #	Work Phone	Cell Phone		
Parents Name	Email Ad	ddress		Driver License #	Work Phone	Cell Phone		
Mailing Address			City		State	Zip		
Medical Conditions/Allergie	es Child 1:			Child 2	2:			
Doctors Name				Phon				
Doctor Address			City		State	Zip		
Medical Insurance				Policy				
AUTHORIZED PICK-UP	& EMERGENCY PEOPLE	(Other than	ı Parent / Lega	l Guardians)	Kama'aina K	n Check Fee · \$5.00 Late Pick-Up Fee · \$25.00 Late Payment Fee cids is an equal opportunity organization		
Name	Driver License #	Work		Cell	grounds of ra origin. Eligi	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		
Name	Driver License #	Work		Cell	reliant upon ve	verification of a child's ability to function safely in a 1:20 ratio.		
Kids supervisor on duty, my child may subse-quently released to Kama'aina K I hereby authorize Kama'aina Kids to by Kama'aina Kids. No further claims I hereby give my child permission to a Discipline is used to assure the safety a staff consistent with these expectations	y be taken to the nearest medical facility at Kids Supervisor or staff-in-charge. use my child's name and video or photogram will be made by me. attend and participate in the activities condand well being of all program participants	and be given any ex graph at any time ar nducted by Kama'a s. All children are n the activity at the	xamination or treatme and in any manner in c aina Kids' program. T DISCIPLIN e expected to respect the e staff memb's discretion	hereby consent that if my child event that is deemed necessary by the connection with its advertising, put hese activities include aquatics, on the conserved of the conserved o	ne personnel of the med ublicity, and public rela off-property excursions r property. If a child is revior problems will be se	s or injur, that at the discretion of the Kama'aina dical facility and, if permissible by medical facility, lations programs. The video-photo may only be used s, van transportation, and enrichment activities.  not following the guidelines of Kama'aina Kids tent to Kama'aina Kids' Program Site Coordinator ms.		
I hereby authorize Kama'aina Kids and	d its employees to exercise these disciplin	_	_	•				
Signature of Releasor					Date			