

# Oahu Spring Intersession 2017

## Registration Deadline: March 10, 2017

YES I have registered my child in a Kama'aina Kids seasonal program in the past 6 months  
 (if you checked YES, you only need to complete item #1 (including birth date) and any information that has changed within the past 6 months. Simply sign and date the bottom release. Any errors may delay processing of your child's registration form)

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 \_\_\_\_\_ HDL# \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ HDL# \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Home 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 \_\_\_\_\_ HDL# \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

Name \_\_\_\_\_ HDL# \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Home 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 Releaser \_\_\_\_\_ Date \_\_\_\_\_

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.

## Day Camps Grades K-6

<input type="checkbox"/> Ben Parker	<input type="checkbox"/> Mililani Tech Park
<input type="checkbox"/> Enchanted Lake	<input type="checkbox"/> Salt Lake
<input type="checkbox"/> Hahaione	<input type="checkbox"/> Waimalu
<input type="checkbox"/> Kaleiopuu	<input type="checkbox"/> Voyager PCS (2428 Wilder Avenue, Honolulu, 96813)
<input type="checkbox"/> Keoneula	
<input type="checkbox"/> Liholiho	

**\*Please sign in by 8am**

\$175/child for Entire Session = \$ \_\_\_\_\_

\_\_\_\_\_ x \$36/day per child = \$ \_\_\_\_\_

Lunch \_\_\_\_\_ x \$6/day per child = \$ \_\_\_\_\_

March				
20	21	22	23	24

\*\*Use above calendar to select dates.\*\*

## Bishop Museum Grades K-6 \*\*drop-off/pick-up: Bishop Mus.\*\*

No. of days (x) cost = Sub Total

\_\_\_\_\_ x \$55/day = . . . . . \$ \_\_\_\_\_

Lunch \_\_\_\_\_ x \$6/day = . . . \$ \_\_\_\_\_

March				
20	21	22	23	24

\*\*Use above calendar to select dates.\*\*

## Sea Life Park Grades K-6

\$225/wk ..... \$ \_\_\_\_\_

Lunch \_\_\_\_\_ x \$6/day = \$ \_\_\_\_\_

\*drop-off/pick-up: Sea Life Park\*\*

## Keiki-Phit Grades K-6

## Manoa Valley District Park

Full Day Session @ \$185 = \$ \_\_\_\_\_

Half Day Session @ \$155 = \$ \_\_\_\_\_

Full Day: 8am to 5:30pm  
 Half Day: 8am to 12:00pm

### PLEASE BRING HOME LUNCH

**\*Register and pay online  
 by  
 March 10 and SAVE!  
[www.kamaainakids.com](http://www.kamaainakids.com)**

Total Program . . . . . \$ \_\_\_\_\_

\*\$15 Late Fee (after 3/10) . \$ \_\_\_\_\_

Total Due . . . . . \$ \_\_\_\_\_

Submit Form & Payment to:  
 Kama'aina Kids  
 156C Hamakua Dr  
 Kailua HI 96734  
 262-4538 ph./261-6066 fx.

**\$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.

Person responsible for payment

Option 1 (Check/Money Order)

Option 2     VISA     MasterCard     Discover     American Express

Name as it appears on the card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV (3 digit on back) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_