



Before Care Program Registration Form

For School Year 2026-2027

Program Registration: <i>Please Check One</i>		Before Care Program ☐		
School:		School Phone:		
Check Days Attending:	M ☐	T ☐	W ☐	TH ☐ F ☐

	First and Last Name	Age	Sex	Birthdate	School Year 26-27 Grade
Child 1					
Child 2					
Child 3					

Language Spoken At Home:		Ethnicity (optional):	
Child Resides With:			

Parent/Guardian 1	Name:			Email:		
	Home Phone:			Cell Phone:		
	Address:					
	Street		City		Zip	
	Employer/School Name:			Phone:		
	Employer/School Address:					
	Street		City		Zip	
	Parent/Guardian is authorized to pick-up:		Yes ☐		No ☐	

Parent/Guardian 2	Name:			Email:		
	Home Phone:			Cell Phone:		
	Address:					
	Street		City		Zip	
	Employer/School Name:			Phone:		
	Employer/School Address:					
	Street		City		Zip	
	Parent/Guardian is authorized to pick-up:		Yes ☐		No ☐	

Please list the adult individuals, **18 years or older**, who are authorized to pick up your child(ren) from the facility, along with their phone numbers. The child(ren) will not be released to anyone not listed in the table below. **Note:** Any changes in departure authorization must be received in writing from the parent/legal guardian.

Name	Relationship to Child	Phone Number

For A+ Office Staff Only	Confirmed Eligibility Status ☐
--------------------------	---

Signature of Site Coordinator

Date



PARENT / GUARDIAN CONSENT FORM 2026-2027

I hereby give my child permission to attend and participate in the activities conducted by Kama'aina Kids' A+, Summer A+, Before Care, and Holiday Care programs for the school year noted above.

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/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 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 including its website, social media, and other digital platforms. The video/photo may only be used by Kama'aina Kids. No further claims will be made by me.

DISCIPLINE POLICY

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 child will take a "time out" from the activity at the staff member's discretion. A child with continued behavior problems will be sent to the Kama'aina Kids' Program Site Coordinator who may contact the parents for the purpose of suspending or removing the child from the program. Kama'aina Kids reserves the right to refuse any child's future participation in its programs, if it is deemed appropriate to maintain the safety of all program participants.

I hereby authorize Kama'aina Kids to exercise these discipline policies regarding my child.

CONFIDENTIALITY

I understand that any information in this registration packet will not be disclosed to persons other than Kama'aina Kids staff unless the parents or guardians of the child grant written permission for the disclosure or an emergency arises.

Signature

Date