



After School Plus (A+) Program Registration Form

School Year 2026-2027

School:					Program:	A+	BC
Check Days Attending:	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		

	First and Last Name	Age	Sex	Birthdate	School Year 26-27 Grade
Child 1					
Child 2					
Child 3					
Child 4					

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 <input type="checkbox"/>			No <input type="checkbox"/>			

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 <input type="checkbox"/>			No <input type="checkbox"/>			

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 <input type="checkbox"/>
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The After-School Plus (A+) Program is the first of its kind in the nation, offering statewide after-school services to public elementary students at affordable rates. The program addresses the 'latchkey' child problem by providing high-quality after-school care for children of working parents or legal guardians, or for children whose parent or legal guardian is engaged in job training or attending school during A+ operation hours. If your child qualifies and you wish to enroll them, please complete this registration form and return it to your child's school.

Fee: Due Monthly

The monthly fee covers regular program activities. *The fee will be adjusted for those who qualify if acceptable supporting documentation about their income or DHS 728 Form is submitted. Refer to the Parent Handbook for additional details.*

Hours: After school - 5:30 p.m.

The program hours are from after school to 5:30 p.m. on regular school days. The program will not operate during school vacations, state holidays, weekends, Teacher Institute Day, Teachers' work day and school half days.

Supervision: Student to Staff Ratio of 20:1

At each school, the staff will consist of a Site Coordinator and a group leader team supported by aides to maintain a student to staff ratio of 20:1. Staff recruitment may limit the number of students that a school can serve.

Activities: A variety of scheduled activities

Children usually begin the afternoon with free play time and a snack period (children bring their own snacks from home). This period is followed by other activities including homework time, enrichment and physical fitness. Site Coordinators will have the flexibility to adapt scheduled activities to meet the conditions at your child's school.

Eligibility: K-6 public elementary school latchkey children

Your child is considered latchkey if he/she is living with you and during the hours of A+ operations you are employed, attending school, engaged in a job training program, or working as an employee of the A+ program. A parent/legal guardian who is "self-employed" must verify their status by: a) Submitting a copy of their general excise tax license; and b) submitting a copy of one of the following: 1) income tax return for the past year including Schedule C; or 2) printed business check marked "Void."

Starting Date: Child's first full day of school

The starting date for your child is usually the first full day of school. However, the starting date of the A+ Program at your child's elementary school may depend on the after-school enrollment of at least 20 children and the ability to recruit necessary staff.

Parent/Guardian 1			Parent/Guardian 2		
Name:			Name:		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
Check As Appropriate			Check As Appropriate		
Working <input type="checkbox"/>	Job Training <input type="checkbox"/>	Attending School <input type="checkbox"/>	Working <input type="checkbox"/>	Job Training <input type="checkbox"/>	Attending School <input type="checkbox"/>
Please list your current schedule below.			Please list your current schedule below.		
	Start Time (am/pm)	End Time (am/pm)		Start Time (am/pm)	End Time (am/pm)
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

I have attached the required (e.g., paycheck stubs, letter verification of employment, self-employment documentation, official school schedule) supporting documentation to verify my employment, school, or job training. All documentation must show need for care during A+ hours of operation.

I certify that I am eligible for the A+ Program because I am working, job training, and/or attending school during the hours of A+ operations. I further certify that the information I have provided on this application form is correct and I hereby authorize the HIDE and its contracted private providers to contact the appropriate parties to verify this information. **I understand that changes on this registration form must be given to the A+ Site Coordinator in writing by the parent/legal guardian. Registration in the A+ Program is pending completion of this application and approval of the Site Coordinator.**

Parent/Guardian 1 Signature	Date	Parent/Guardian 2 Signature	Date



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Please initial each of the following to indicate that you have read, understand, and agree with each item.

Parent/Guardian's Responsibilities and Agreements

- 1. My child(ren) is not allowed to come and go freely from the A+ Program site.
- 2. My child(ren) must sign-in each day and I (or authorized adult) must sign him/her out each day.
- 3. My child(ren) will be released only to the adult(s) listed on the registration form.
- 4. I must maintain communication with the Site Coordinator/Group Leader about my child(ren) and keep him/her informed of pertinent changes.
- 5. I must notify the Site Coordinator/Group Leader of daily departure changes.
- 6. I must contact the A+ Program when my child(ren) will be absent on any of his/her scheduled days of attendance, regardless of whether he/she was absent from school. I realize this is for my child(ren)'s protection.
- 7. I understand and agree to follow A+ Program guidelines for respectful, safe, and appropriate conduct when engaging with staff, students, and program operations.
- 8. If a medical emergency arises, the A+ Program will first attempt to contact me. If I cannot be reached, the A+ Program will attempt to contact adults authorized by me in case of emergency, and that if no authorized adults can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, my child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- 9. The A+ Program will operate from close of school to 5:30 p.m. each school day or at another designated time as determined by the site. The program will not operate during school vacations, state holidays, Teacher Institute Day, and school half-days.
- 10. Transportation to and from the A+ Program will not be provided. If my child(ren) attends an A+ Program at a school other than his/her regular school, I must make transportation arrangements and assume responsibility for getting my child(ren) to the other school.
- 11. It is my responsibility to see that my child(ren) is picked up by the designated closing time.
- 12. If my child(ren) is having problems in the program, a conference will be arranged between myself, the staff, and the Site Coordinator.
- 13. The A+ Program reserves the right to terminate A+ Program services if it is determined that placement is unsatisfactory.
- 14. If weather or other emergency forces the closing of regular school, the A+ Program will also be closed.
- 15. If my work/school schedule changes, I must notify the A+ Site Coordinator about the changes.
- 16. I am aware and authorize that my child(ren) may participate in physical development/coordination activities during A+.
- 17. I understand that my child(ren) will be given an option of alternative activities if they choose not to participate in physical development/coordination activities during A+.

Parent/Guardian's Billing and Fee Agreements

- 1. I am responsible for monthly A+ Program tuition.
- 2. I shall pay the monthly tuition when it is due or it must be postmarked before the first school day of each month.
- 3. I must not send payments to school with my child(ren), but must bring or mail them to the A+ Program at the school.
- 4. The monthly tuition I pay for my child(ren) is a flat rate, and it does not depend on the number of days my child(ren) actually attends the program.
- 5. The A+ Program will make no refunds once tuition is paid for the month even if my child(ren) has attended only part of the month, e.g., even for one day.
- 6. I must pay a \$25.00 service charge (cash or money order) for checks that I write to the program that are returned by the bank because of insufficient funds.
- 7. I understand that the monthly A+ Program tuition is due on or before the first school day of each month. I shall pay a \$5.00 late charge per family for each school day a payment is overdue. If I do not pay the monthly tuition within the first five (5) A+ Program days of the month, it will result in my child(ren)'s immediate termination from the A+ Program on the sixth (6th) A+ Program day.
- 8. Failure to pay any outstanding fees by the end of the month shall result in my child(ren)'s termination from the program.
- 9. My child(ren) may re-enroll if I pay all outstanding fees, and a penalty fee of \$25 for reinstatement. If I have more than one child enrolled in the A+ Program, my family is penalized a flat reinstatement fee of \$25.
- 10. I will arrange for another authorized adult to pick up my child(ren) if the adult responsible for my child(ren)'s pick-up is to be late. If no other arrangements can be made, I will make every effort to call the school to notify A+ staff of my expected tardiness.
- 11. If my child(ren) is picked up late, I will pay a \$15 fee for the first 5 minutes and a \$1.00 per minute late fee per child for every minute thereafter beyond the closing time.

I understand and agree to abide by the above parent responsibilities and billing procedures provided in the A+ Parent Handbook. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the A+ Program.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

SCHOOL _____

Site Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Application for Subsidized Monthly Fee (A+ Program)

Note: Application for each household if there is joint custody

If you are currently receiving financial assistance from Department of Human Services (FTW) Program, you do **NOT** have to complete Section 2 below, however, **you must provide the A+ Program with Form DHS 728 from the FTW Program office.**

1. Child(ren)'s Name(s) in A+ Program:

_____	_____	_____	_____
Last	First	Last	First
_____	_____	_____	_____
Last	First	Last	First

2. MONTHLY INCOME OF PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD

To figure/convert to monthly income: Weekly income x 4.33, Income every 2 weeks x 2.15, Twice a month income x 2

List the names of all children and parent/legal guardian living in your household. Include yourself and the children listed above.	Gross MONTHLY Earnings (Before deductions)	MONTHLY Welfare, Alimony, Child Support & Social Security	MONTHLY Pension or Retirement Payments	Any OTHER MONTHLY Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL number of household members: _____
Zero Income. You must explain how your living expenses are being met. _____

3. The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's subsidized monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature _____ Date _____ Home Phone _____

Parent/Legal Guardian's Printed Name: _____ Work Phone _____

4. _____ I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a subsidized monthly fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

Attach the supporting documentation to this **Application for Subsidized Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program Site Coordinator.



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