Sain	t Elizabeth A Hours: End o			ogram		Child Care Options & Rates eck Applicable Boxes & Fill Out Blank Spaces.
Registration FormQuestions? Call 808-479-3158 or 808-262-4538						Daily* Monthly \$10.00 \$200.00 *Daily rates apply to 8 Days apply to 8 Days
Child 1: Last Name	First Name	2	Gender	D.O.B	Grade	or less. If child attend 9 days or more monthly tuition will be
Child 2: Last Name	First Name	e	Gender	D.O.B	Grade	changed.
PARENT OR LEGAL GUARDI	IANS AUTHORIZED T	TO PICK UP	P CHILD			
Parents Name	e Email Address			Driver License #	Work Phone	Cell Phone
Parents Name	Email Address			Driver License #	Work Phone	Cell Phone
Mailing Address			City		State	Zip
Medical Conditions/Allergies	Child 1:			Child	2:	
Doctors Name				Pho		
Doctor Address			City		State	Zip
Medical Insurance				Policy	y #	
AUTHORIZED PICK-UP & EM	IERGENCY PEOPLE	(Other than	Parent / Legal	Guardians)	\$2 Kama'aina Kid	Check Fee • \$5.00 Late Pick-Up Fee • 5.00 Late Payment Fee s is an equal opportunity organization
Name	Driver License #	Work		Cell	grounds of race, Eligibility to par	eny enrollment or discriminate on the color, religion, sex, or national origin. ticipate in this program is reliant upon
Name	Driver License #	Work		Cell	verification of a	a child's ability to function safely in a 1:15 ratio.
Kama'aina Kids. No further claims will be mad I hereby give my child permission to attend and Discipline is used to assure the safety and well	e nearest medical facility and be g or staff-in-charge. hild's name and video or photogra be by me. d participate in the activities condu- being of all program participants. Id will take a time out from the act the child from the program. Kama	iven any examinat ph at any time and ucted by Kama*ain All children are en ivity at the staff m a*aina Kids reserve	tion or treatment that I in any manner in cor a Kids' program. The DISCIPLIN expected to respect the nemb's discretion. A c es the right to refuse a	ereby consent that if my child ex- is deemed necessary by the pers- nection with its advertising, pu- se activities include aquatics, o E mselves, other people and their hild with consistent behavior pr	sonnel of the medical facility blicity, and public relations ff-property excursions, van t property. If a child is not fol roblems will be sent to Kama	y and, if permissible by medical facility, subse- programs. The video-photo may only be used by transportation, and enrichment activities.
Signature of Releasor		r - neres in regulu			Date	