

2022-2023 Saint Theresa After School Program

Hours: End of School - 5:30 PM

Child Care Options & Rates

Check Applicable Boxes & Fill Out Blank Spaces.

Registration Form

Questions? Call 808-306-1261 or 808-262-4538

Daily*
\$10.00

☐☐

Monthly
\$200.00

☐☐

*Daily rates
apply to 8 Days
or less. If child
attend 9 days or
more monthly
tuition will be
changed.

Child 1: Last Name First Name Gender D.O.B Grade

Child 2: Last Name First Name Gender D.O.B Grade

PARENT OR LEGAL GUARDIANS AUTHORIZED TO PICK UP CHILD

Parents Name 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 Phone

Doctor Address City State Zip

Medical Insurance Policy #

AUTHORIZED PICK-UP & EMERGENCY PEOPLE (Other than Parent / Legal Guardians)

Name Driver License # Work Cell

Name Driver License # Work Cell

**\$30.00 Return Check Fee • \$5.00 Late Pick-Up Fee •
\$25.00 Late Payment Fee**

Kama'aina Kids is an equal opportunity organization and does not deny enrollment or discriminate on the grounds of race, color, religion, sex, or national origin. Eligibility to participate in this program is reliant upon verification of a child's ability to function safely in a 1:15 ratio.

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 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.

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.

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 Releasor

Date

FOR SITE COORDINATOR USE ONLY

Received:

Start:



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

2022-2023 Automatic Tuition Payments (ATP) Authorization Form

We are excited to offer the safety, convenience, and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

- ♦ Payments will be processed beginning with the first business day of each month.
- ♦ An email address is required to access receipts online at www.MyProcure.com.
- ♦ Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payer Last Name		Payer First Name	Phone (required)		
Email Address:			Monthly Tuition (check program needed)		
Child Last Name	Child First Name	Monthly	Daily	Total	
1.		<input type="checkbox"/> \$200	<input type="checkbox"/> \$10 Per Day \$200 # Day ≥ 8	\$	
2.		<input type="checkbox"/> \$200	<input type="checkbox"/> \$10 Per Day \$200 # Day ≥ 8	\$	
3.		<input type="checkbox"/> \$200	<input type="checkbox"/> \$10 Per Day \$200 # Day ≥ 8	\$	
ATP Start Month		School Name	Total Monthly Tuition		\$

Donation

Kama'aina Kids is a not-for-profit organization. Should you wish to make a tax-deductible donation to assist our financial aid and scholarship program, please indicate your donation frequency and amount here:

Donation Frequency:
☐ One-time
☐ Monthly

Donation Amount
\$

Section A (Credit Card)

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Cardholder Name	Credit Card Number	Exp Date	CVV
Billing Address	City	State	Zip

Section B (Bank Account)

☐ Checking *Attach voided check (required) ☐ Savings

Name on Bank Account	Bank or Credit Union Name
Routing Transit Number (see sample below)	Account Number (see sample below)

Please note that in addition to the monthly tuition charge, the following fees shall be assessed:

- There shall be a **\$20 one-time processing fee** assessed per family for each school year.
- There shall be a **\$30 service charge** assessed for any returned checks.

I hereby authorize Kama'aina Kids to initiate credit card charges to the above-referenced credit card account (**Section A**) OR, initiate debit entries to my checking or savings account, indicated above (**Section B**). I am required to give 10 days' written notice to cancel this authorization.

Print Name	Authorized Signature	Date

Mail or fax form to:

Attn: Accounting Department
 Kama'aina Kids Corporate Office
 156 Hamakua Drive, Suite C
 Kailua, HI 96734
 Fax: 261-6066

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$		
Deposit slips not accepted Dollars		
123456789	1800338	0226
Routing Number	Account Number	Check Number

