



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

BEFORE & AFTER CARE REGISTRATION FORM

FOR SITE COORDINATOR USE ONLY				
<input type="checkbox"/> At-Cost	<input type="checkbox"/> DHS	<input type="checkbox"/> At Risk	<input type="checkbox"/> Private	
Received Date _____		Start Date _____		
A+ Group #	CH1 _____	CH2 _____	CH3 _____	<input type="checkbox"/> ATP
BC Start Date _____	<input type="checkbox"/> BC Drop-In		<input type="checkbox"/> BC Monthly	

School Name	School Year	2022	-	2023	Program(s) Requested	A+	Before Care
Child 1: Last Name	First Name	Gender	DOB	Grade (entering)		<input type="checkbox"/>	<input type="checkbox"/>
Child 1: Last Name	First Name	Gender	DOB	Grade (entering)		<input type="checkbox"/>	<input type="checkbox"/>
Child 1: Last Name	First Name	Gender	DOB	Grade (entering)		<input type="checkbox"/>	<input type="checkbox"/>

PARENTS OR LEGAL GUARDIANS AUTHORIZED TO PICK UP CHILD:

Father / Legal Guardian #1	Driver License #	()	Cell Phone	()	Home Phone
Mailing Address: Street	City	Zip Code	Employer	()	Work Phone
Mother / Legal Guardian #1	Driver License #	()	Cell Phone	()	Home Phone
Mailing Address: Street	City	Zip Code	Employer	()	Work Phone

MEDICAL INFORMATION:

Doctor's Name	Address	()	Phone
Medical Insurance & Policy Number	Please list medical conditions, allergies, medications, or special needs of child.		

I authorize only the following people to pick up my child or to be called in case of an emergency (in addition to parents/guardians):

Name	Relationship to Child	Driver License #	()	Work Phone	()	Home/Cell #
Name	Relationship to Child	Driver License #	()	Work Phone	()	Home/Cell #

PARENT / GUARDIAN CONSENT FORM

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

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 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 removing the child from the program. Kama'aina Kids reserves the right to refuse any child future participation in its programs.

I hereby authorize Kama'aina Kids to exercise these discipline policies in regard to 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.

Father/Guardian #1 Signature _____ Date _____ Mother/Guardian #2 Signature _____ Date _____

Father/Guardian #1 Email _____ Mother/Guardian #2 Email _____

Keep up-to-date on out of school programs and intersession day camps by signing up for our emails.



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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	Before Care	After Care	Total
1.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
2.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
3.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
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 **\$25 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	

A service of

