Hawai'i's Enrichment & Education Professionals
A Non-Profit Organization

FOR SITE COORDINATOR USE ONLY			
☐ At-Cost ☐ DHS	A+ Start Date _____	☐ BC Drop-In ☐ BC Monthly	BC Start Date _____
A+ Group #	CH1_____	CH2 _____	CH3_____
Site Coordinator			Date

MORNING CARE REGISTRATION FORM

School Name _____ School Year **2020** - **2021**

Check program(s) requested: Before Care (as needed) ☐ Before Care (monthly) ☐

Child 1: Last Name	First Name	Gender	DOB	Grade (entering)	Room #
Child 2: Last Name	First Name	Gender	DOB	Grade (entering)	Room #
Child 3: Last Name	First Name	Gender	DOB	Grade (entering)	Room #

PARENTS OR LEGAL GUARDIANS AUTHORIZED TO PICK UP CHILD:

Father / Legal Guardian #1	Driver License #	Employer	Work Phone
Mailing Address Street	City	Zip Code	Home Phone / Cell Phone
Mother / Legal Guardian #2	Driver License #	Employer	Work Phone
Mailing Address Street	City	Zip Code	Home Phone / Cell 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	Address	Driver License #	Work Phone	Home/Cell #
Name	Relationship to Child	Address	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.