

2018-2019 St. Elizabeth After School Program

Morning Care: 6am-730am

Afternoon Care: End of School - 530pm

Child Care Options & Rates

Please check all appropriate boxes & fill out any blank spaces.

Registration Form

Questions? Call 262-4538

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

Morning Daily \$5	Morning Monthly \$50	Morning 9 months \$450	Afternoon Daily \$5	Afternoon 1 month \$100	Afternoon 9 months \$900
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Morning Daily \$5	Morning Monthly \$50	Morning 9 months \$450	Afternoon Daily \$5	Afternoon 1 month \$100	Afternoon 9 months \$900
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)

 Parents Name Email Address HDL# Work Phone Cell Phone

 Parents Name Email Address HDL# Work Phone Cell Phone

4. Mailing Address _____ City _____ State _____ Zip _____

5. Medical Conditions/ Allergies Child 1: _____ Child 2: _____

6. Doctors Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

7. Medical Insurance _____ Policy # _____

8. Authorized Pick-Up & Emergency People (Other than parent/ legal guardians):

 Name HDL# Work Cell

 Name HDL# Work Cell

\$30 Return Check Fee • \$5 Late Pick-Up Fee • \$15 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 _____