

2018-2019 Sacred Hearts Academy After School Program

Hours: End of School - 6pm

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#					
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Daily \$10	Monthly \$160	Semester 1 \$800	Semester 2 \$800	Yearly (Aug - May) \$1600
2. Child:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
	Last Name	First Name	Gender	D.O.B	Grade	Room#					
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Daily \$10	Monthly \$160	Semester 1 \$800	Semester 2 \$800	Yearly (Aug - May) \$1600

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

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 _____

\$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.



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

2018-2019 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.
- ◆ 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 (required)	
Child Last Name	Child First Name	Monthly Tuition		
		Morning Care	After Care	Total
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
ATP Start Month	School Name			
		Total Monthly Tuition		
		\$		

Donation

Kama'āina 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:

Frequency:
 One-time
 Monthly

\$

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 Savings

Bank or Credit Union Name	Bank or Credit Union Address
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'āina 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

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	\$ _____ Dollars
<i>Deposit slips not accepted</i>		
⑆123456789⑆	190033⑈	0226
Routing Number	Account Number	Check Number