

Hilo Spring Intersession 2019

Registration Deadline: March 8, 2019

1. Child's Name (Last, First, M.I.) _____

Grade _____ Age _____ Gender _____ Birth Date _____ School _____

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

Parent's Name _____ HDL# _____ Work Phone _____ Cell/Home Phone _____

Parent's Name _____ HDL# _____ Work Phone _____ Cell/Home Phone _____

3. Email Address _____

4. Mailing Address _____

City _____ State _____ Zip _____

5. Medical Conditions/Allergies _____

6. Doctor's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

7. Medical Insurance _____ Policy # _____

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

Name _____ HDL# _____ Work Phone _____ Cell/Home Phone _____

Name _____ HDL# _____ Work Phone _____ Cell/Home Phone _____

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 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. 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 cla

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 _____

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

March 18-22 • Grades K-6 • 7am-5:30pm

\$15 Late Fee* for registration forms received after March 8

****A minimum of 15 registered children per day is needed for program to operate****

March

18	19	20	21	22
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Use above calendar to select dates.

1. Select a Site

Hilo Union Elementary

Waiakea Elementary

Please make payments to Kama'aina Kids and submit to:

Hilo Union A+

506 Waiianuenue Ave.
96720
Ph. 315-0942

2. Select your program

Full Session @ \$145...\$ _____

Per Day @ \$31/day.....\$ _____

Lunch @ \$5/day.....\$ _____

\$15 Late Fee (after 3/08).....\$ _____

Total Due.....\$ _____

Waiakea A+

180 West Puainako St.
96720
Ph. 987-0497

***Register online at www.kamaainakids.com and SAVE!**

\$35 Withdrawal Fee • \$15 Late Fee • \$10 Program Changes • \$30 Return Check Fee
If family is on state assistance of any kind, program payments need to be paid upfront, and are then reimbursed by the state.

Payment Information Below

Option 1 (Check/Money Order) # _____

Option 2 (Credit/Debit Card- please choose type of card below)

VISA MasterCard American Express

Name as it appears on the card

Card Number

Expiration Date

CVV (3 digit on back)

\$ _____
Total to be charged

Signature

Date