

Kona Summer 2019 Day Camps

Registration Deadline: May 17 2019

*There will be a \$25/child late fee for registrations postmarked or received after May 17, 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 LIC# Work Phone Cell Phone

Parent's Name LIC# Work Phone Cell Phone

3. Email Address _____

4. Mailing Address _____

City _____ State _____ Zip _____

5. Medical Conditions/Allergies _____

6. Doctor's Name _____ Phone _____

7. Medical Insurance _____ Policy # _____

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

Name Lic# Work Phone Cell Phone

Name LIC# Work Phone Cell 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 claims will be made by me.

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.

1. Konawaena Elementary

June 3 - August 2 (No Program 6/11 & 7/4)

Please bring home lunch

Register online at
www.kamaainakids.com
and SAVE!

7:00am - 5:30pm, \$1110 for Entire Session

use below calendar

---OR Camp by the Week---

use below calendar

7am-5:30pm
\$125/wk for wks 2 & 5

Check off weeks needed									
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	
	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	

7am-5:30pm
\$150/wk for wks 1, 3, 4, 6, 7, 8 & 9

2. Kahakai Elementary

June 3 - July 26 (No Program 6/11 & 7/4)

Please bring home lunch

A minimum of 20 registered children per day is needed by May 17, 2019 for program to operate

7:00am - 5:30pm, \$1000 for Entire Session

use below calendar

---OR Camp by the Week---

use below calendar

7am-5:30pm
\$125/wk for wks 2 & 5

Check off weeks needed							
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22
	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8

7am-5:30pm
\$150/wk for wks 1, 3, 4, 6, 7, 8

Please make payment to
Kama 'aina Kids submit to:

1. Konawaena A+
81-901 Onouli Rd
Kealahou, HI 96750
Questions? Call 315-4713

2. Kahakai A+
76-147 Royal Poinciana Drive
Kailua-Kona, HI 96740
Questions? Call 987-2517

Payment Plan Options

- Pay in Full
 Installments (credit/debit only)
\$100 minimum due upon registration
May 17 50% total due
June 21 remaining due

\$30 Withdrawal Fee • \$25 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.

Totals 1 or 2 \$ _____

*Late Fee (\$25) \$ _____

Total Due \$ _____

Payment Information Below

- Option 1** (Check or Money Order)
 Option 2 (Credit/Debit Card - please ✓ type of card below)
 VISA MASTERCARD AMEX

Name as is appears on the card

Card Number

Exp. Date

CVV/CV2

Total Amount to be charged: \$ _____

Signature

Date