

# Lahaina Summer Intersession 2019

**Registration Deadline: 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 \_\_\_\_\_ 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.

**June 3-July 26 • No Program 6/11 & 7/4**

Lahaina Preschool



## 1. Summer Package

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

## 2. Camp by the Week

**Check off weeks needed**							
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

**Lahaina Preschool**  
553 Waihee Street  
Lahaina HI 96761  
Questions? Call 667-0422

Totals 1 or 2 & 3 . . \$ \_\_\_\_\_

\*Late Fee (\$25) \$ \_\_\_\_\_  
(After 5/17)

Total 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.

## 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

## Payment Plan Options

Pay in Full     Installments (credit/debit only):

- \$100 minimum due upon registration \$ \_\_\_\_\_
- May 17 50% of total due \$ \_\_\_\_\_
- May 21 remaining due \$ \_\_\_\_\_