

Parent Information Sheet Summer Plus 2018

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

Thank you for enrolling your child in the Kama'aina Kids Summer Plus Program. Your child can look forward to a safe summer filled with sports, games, performing arts and arts & craft activities that give kids a greater sense of self, community and the earth. Please read the following information carefully and call us at 262-4538 if you have any questions.



Program Time & Dates

6:00 - 8:30 a.m. Before Care
2:00 - 5:30 p.m. Summer Plus Program
See Park Director for program dates.
There will be **NO PROGRAM** held on 7/4 in observation of Independence Day.

Daily Schedule

Each day after the City & County Summer Fun Program, your child will be escorted from the C&C Program by our leaders at 2:00 p.m. A daily snack will be provided.

Emergency Procedures

If a medical emergency arises, Kama'aina Kids will first attempt to contact parents. If parents cannot be reached, Kama'aina Kids will attempt to contact persons authorized by parents in case of emergency. If no authorized person can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, the child will be taken by ambulance to a designated site and/or physician. Parents are financially responsible for any medical care or transportation incurred on your child's behalf.



Point of Contact

If you need to contact the site when Summer Plus is in session, please call your park location:

Site	Phone
Crestview	671-4838
Booth	522-7040
Enchanted Lake	266-7665
Halawa	483-7852
Heeia	233-7335
Kainalu	266-7655
Kapunahala.....	233-7316
Kilauea	733-7355
Makiki	768-9291
Manoa.....	988-0580
McCully	973-7271
Mililani.....	623-5258
Pearl City	453-7550
Puunui.....	595-2460
Wahiawa	621-5663
Waialua.....	637-9721
Waiau	453-7555

*Eligibility to participate in this program is reliant upon verification of a child's ability to function safely in a **1:20 ratio**. 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.*



For more information call 262-4538 • Online at KamaainaKids.com

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Absences

If your child is going to be absent, please call your site coordinator. There is no daily rate refund for these absences.

Late Pick-up Fees

Pick-up time is 5:30 p.m.

Please pick up your child on time. It is important to the waiting child and group leader that you pick up your child by 5:30 p.m. There will be a \$5 fee for every 15 minutes (or fraction thereof) that you are late. (i.e. 1 - 15 min. late, \$5; 16 - 30 minutes late \$10; etc.) This fee is due immediately and should be given to the staff member on duty.

Sign In and Sign Out Procedures

Please check your child in (Before care) and sign out (Aftercare) with the group leader daily. Your child will be released only to the people on the release form. Pick-up person should be prepared to show a picture ID. If you want your child to walk home alone, please ask the Site Coordinator for a *Release of Unaccompanied Child Form*.

Discipline Policy

Discipline is used to assure the safety 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 s/he will take a "Lokahi Time" from the activity at the staff member's discretion. A child with continued behavior problems that endangers the safety of other program participants and/or staff will be sent to the Site Coordinator who may contact the parents for a conference. If behavior problems cannot be resolved, Kama'aina Kids reserves the right to remove the child from the program. If a child is terminated from the program, parents will be charged \$8 (after care), \$6 (before care) for the number of days the child attended, in addition to a \$10 processing fee.

Dropping a Child from the Program

If a child's behavior is extremely disruptive to the program or is a potential danger to the other participants in the program, we will do everything possible to help the child, but if the negative behavior continues, parents will be notified and child will be dismissed from the program.

Medication

Medication must be in the original container with doctor's instructions. Give all medication to the Site Coordinator. Our staff will pour out prescribed dosage, and the child will give him/herself the medication while being witnessed by both the Leader and Site Coordinator. If medication must be kept cold, please bring it in a small cooler with ice.

Withdrawals

For complete program withdrawals:

- 14 days or more before the program starts, all payments will be refunded except for a \$10 processing fee.
- Less than 14 days before the program start, there will be a \$10 service & supply fee plus the \$10 processing fee.
- After the start of the program, you will be charged a daily rate of \$8 for after care and \$6 for before care for the number of days attended as well as the \$10 processing & \$10 supply fee.



For more information call 262-4538 • Online at KamaainaKids.com

Summer Plus 2018 Registration Form

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

Grade _____ Age _____ Sex _____ Birth Date _____ School _____

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

Father's Name Driver License # Work Phone Cell/Home Phone

Mother's Name Driver License # Work Phone Cell/Home Phone

3. Mailing Address _____ Email: _____

City _____ State _____ Zip _____

4. Medical Conditions/Allergies _____

5. Doctor's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

6. Medical Insurance _____ Policy # _____

7. 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 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 _____

*Please return all copies to Main Office
Summer Plus
156 Hamakua Drive Suite C
Kailua, HI. 96734-2834



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Enroll faster by going to www.KamaainaKids.com and register online! It's fast, easy and paperless!

No Program July 4th

LOCATIONS:

	(Check boxes interested in)	Before Care	After Care
<input type="checkbox"/> Crestview (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Booth (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Enchanted Lake (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Halawa (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Heeia (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Kainalu (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Kapunahala (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Kilauea (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> Maikiki (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> Manoa (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> McCully (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> Mililani (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Pearl City (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> Puunui (31) days		na	<input type="checkbox"/> \$217
<input type="checkbox"/> Wahiawa (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Waialua (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217
<input type="checkbox"/> Waiuu (31) days	<input type="checkbox"/>	\$155	<input type="checkbox"/> \$217

Payment Information Below

Person responsible for payment: _____

Option One (Cash, Check or Money Order)
Check / M.O. # _____ **Total Check amount:** _____
Return check fee of \$30

Option Two (Credit Card)
 VISA MasterCard Discover American Express

Name as it appears on the card: _____

Card Number: _____ Exp Date: _____

Total Amount to be charged: _____

Signature _____ Date: _____