Kamehameha - Maui After School Program

Questions?
Call 808-478-4672 or 1-888-345-4374

Elementary Campus (Grades K-5)

PLEASE CHECK ONE:
- ❑ My child will be picked up from campus
- ❑ My child is catching the bus at 4:30pm

1. Child's Name (last, first, m.i.) _____

   Gender_____ Age_____ Birth Date_____ Grade _____ Homeroom _____

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

   _____ _____ _____ _____
   Parent/Guardian's Name | HDL# | Primary Phone # | Alternate Phone #

   _____ _____ _____ _____
   Parent/Guardian's Name | HDL# | Primary Phone # | Alternate Phone #

3. Mailing Address_____

   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# | Primary Phone # | Alternate Phone #

   _____ _____ _____ _____
   Name | HDL# | Primary Phone # | Alternate 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 _____

Program Options & Rates

Kama'aina Kids
Hawai'i's Enrichment & Education Professionals
A Non-Profit Organization

Please select program and payment options.

Payment for this program is due upon the first week of program. Credit/Debit cards will not be charged until the start of the 2017-2018 SY.

❑ **After School Program (Grades K - 5)**
- ❑ Monthly $85 $_____
- ❑ *Daily Care $5 $_____
  (*max. of 10 days per month)

TOTAL $_____

Name:_____
(Person Responsible for payments)

Please choose payment options one or two.

❑ **OPTION ONE** (Check or Money Order)

Total Check Amount:_____

Make check out to: Kama'aina Kids
156 Hamakua Drive, Suite C • Kailua, Hawaii 96734-2834

❑ **OPTION TWO** (Debit/Charge)

I want to charge the cost of my child's afterschool program on my:
❑ VISA ❑ MasterCard ❑ JCB ❑ AMEX

Name:_____
(As it appears on the credit card)

Card Number:_____

Expiration Date:_____ CVV # _____

Total Amount To Be Charged Each Month: _____

* I understand the total amount to be charged will be debited from my account by the 5th working day of the current month.

Signature:_____

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 reliant upon verification of a child's ability to function safely in a 1:15 ratio.

FOR OFFICE USE ONLY.
- ❑ COPY TO S/C _____
- ❑ IN COMPUTER _____
- ❑ FOLLOW UP SENT _____
- ❑ PAID IN FULL _____

***Please return all copies to our Main Office**