Kamehameha - Maui After School Program

PLEASE CHECK ONE: ☐ My child will be picked up from the After School Program ☐ My child will be catching the bus to Kahului Shopping Center 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) HDL# Primary Phone # Parent/Guardian's Name Alternate Phone # Parent/Guardian's Name Primary Phone # HDI# 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): HDL# Primary Phone # Alternate Phone # 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 Stay in contact with Kama'aina Kids Programs for keiki of all ages! Sign-up to receive our notifications on programs and specials!

First/Last Name:

Times: 2:30pm - 5:30pm Location: Nāmāhana – Elementary Cafeteria

Program Options & Rates

Please check all appropriate boxes & fill out any blank spaces.

Elementary Campus (Grades K-5)

Payment for this program is due upon the first week of program. Credit/Debit cards will not be charged until the start of the 2018-2019 SY.

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

Middle School Campus (Grades 6-8)

I understand that my first payment for this program is due upon registration.

☐ Afternoon Care (2:30pm - 5:30pm) ☐ Monthly \$75 \$ ☐ Daily Care \$5 \$	
(max. of 10 days per month)	
TOTAL \$	

		(Person R	esponsible	for pa	ayments)	
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 (Automatic Tuition Payment- ATP)



Questions? Call 1-888-345-4374

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

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.
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COPY TO S/C
IN COMPUTER
FOLLOW UP SENT

PAID IN FULL