Mary Star of the Sea After Summer School Program Registration Deadline: May 20, 2021 **Registration Form**

Program runs June 14 - July 9



*A \$15 late fee is automatically assessed for registration	forms received after May 20,	2021 No Program July 5		A Non-Profit Organization
1. Child's Name (last, first, m.i.)		Grade Completed		
Birthdate Gender	School Atte	nding: Mary Star of the Sea		
2. Parents / Legal Guardians (AUTHORIZED T	O PICK UP CHILD)			
Parent HDL#		Cell Ph.	Work Ph	
Parent HDL#		Cell Ph.	Work F	^p h
3. Mailing Address	Ci	ty	State	Zip
4. Medical Conditions/Allergies				
5. Doctor's Name		Phone		
Address	Ci	ty	State	Zip
6. Medical Insurance		Policy #		
7. Authorized Pick-Up & Emergency People (Other than parents / legal	guardians):		
a. Name				
b. Name	HDL#	Work Ph	Hom	e Ph
After Care: 12:00pm - 1 Location: Mary Star of the Sea Se Before Summer School Program (6:00am - *\$30/weekno. of children	chool Cafeteria 8:00am) x \$30 = 5:00pm) x \$100 = / 20, 2021 = Total = July 9). Prorated rates are	PAYMENT Check Money Ord Visa Master C Name on Card	it number, located o	Exp. Date on back of CC)
PAYMENT POLICY Late Registration: A \$15 Late Fee will be assessed for Registration Forms received after the May 20th deadline. Program Withdrawal: If you withdraw before the program begins you will be assessed a \$25 fee for full program withdrawal. Once the program has started there will be a \$25 fee plus a \$10/day fee for the number of days attended. Fees: \$25 Withdrawal Fee; \$10 Program Change Fee; \$30 NSF Returned Check Fee; \$15 Late Registration Fee.		 Enclosed is Payment in Full Make Checks Payable To: Kama'aina Kids. Submit Payment and Registration form to our Main Office at Kama'aina Kids, 156 Hamakua Drive, Ste C, Kailua, HI, 96734-2834 or fax (808) 261-6066 If there are any questions please call 445-1654 or 262-4538. 		

--- 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 author-ize 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 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

*Please return all copies to our Main Office

Rev.3/16

Date