Mary Star of the Sea Summer Program 2021				June 7 - July 23 No Program 6/11 & 7/5	
Registration Deadline: May 20, 2021 1. Child's Name (Last, First, M.I.)				Kama	
Grade Age Gender Birth Date Sc					Ac
		SCHOOI			TO T
2. Parents / Legal Guardians (AUTHORIZED TO	PICK UP CHILD)				
Parent's Name	HDL#	Work Phone	Cell/Home Phone	1. Camp by the We	
				□ 6:30am-5:30pm	**Check off weeks needed** 6/7 6/14 6/21 6/28 7/5 7/12 7/19
Parent's Name	HDL#	Work Phone	Cell/Home Phone	\$155/wk for wks 1 & 5	6/7 6/14 6/21 6/28 7/5 7/12 7/19 1 2 3 4 5 6 7
3. Email Address				□ 6:30am-5:30pm	1 2 3 4 5 6 7
4. Mailing Address				\$165/wk for wks 3, 4, 5, 7	
City	State Zip		p		er day is needed by May 20, 2021 for program to operate**
5. Medical Conditions/Allergies				Please make payments to Kama'aina Kids and	Total 1\$
6. Doctor's Name		Phone		mail to:	Total 2 \$
Address	City	State	Zip	Kamaaina Kids	
	Dalia			Attn: Marry Star of the Sea Program 156-C Hamakua Drive	*Late Fee (\$25) \$
7. Medical Insurance				Kailua, HI 96734	Total Due \$
8. Authorized Pick-Up & Emergency People (Oth	ner than parents / legal guardian	s):		Questions? Call 987-0497	
Name	HDL#	Work Phone	Cell/Home Phone		25 Late Fee • \$10 Program Changes •
				If family is on state assistance of an	Return Check Fee by kind, program payments need to be paid upfront,
Name	HDL#	Work Phone	Cell/Home Phone		n reimbursed by the state.
				Payment	Information Below
I hereby agree that, if Kamaʻaina Kids staff is una	Able to contact me or one of the p		icv contact, I hereby consent that		·
if my child exhibits signs of illness or injury, that a	at the discretion of the Kama'aina	a Kids supervisor on duty, n	my child may be taken to the	Option 2 (Credit/Debit Card- p	please choose type of card below)
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				O VISA O MasterCard	d O American Express
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				Name a	as it appears on the card
Discipline is used to assure the safety and well being of all program participants. All children are expected to respect them-					
selves, 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				Card Number	
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.					3 digit on back) \$ Total to be charged
Signature of Releasor		Date		Expiration Date CVV (3	3 digit on back) Total to be charged
Kama'aina Kids is an equal opportunity organization and does not deny enrollment or discriminate on the grounds of race, color, religion, gen der, 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.				Signature	Date