

Furlough Friday Program at Kalihi Union Church Registration Form

If choosing option B, registration and payment are due on Friday one week prior to each date you are registering for.

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

Grade: _____ Age _____ Sex: _____ Birth Date: Month _____ Day _____ Year _____ School: _____

2. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD UNLESS NOTED OTHERWISE; If a court order is in effect regarding the pick-up of my child, I will attach a copy of pertinent legal documents):

Mother/Guardian's Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____
Father/Guardian's Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____

Father/Guardian's Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____

3. Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Home Phone: _____

4. Medical Conditions/Allergies (eg. medications, food, insects, etc.): _____

Physical/Emotional Limitations: _____

5. Doctor's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

6. Medical Insurance: _____ Policy #: _____

7. Authorized Pick Up & Emergency People (UNLESS I GIVE WRITTEN PERMISSION STATING OTHERWISE, MY CHILD WILL BE RELEASED ONLY TO PARENTS/LEGAL GUARDIANS AND THESE ADULTS)

Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____
Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____

Name	SS#/HDL#	Work Phone	Cell Phone
_____	_____	_____	_____

SPONSOR

My child has permission to attend and participate in the activities conducted by Kalihi Union Church's Furlough Friday program unless otherwise specified or instructed in writing by me.

I understand that everything possible will be done to ensure the safety of my child. I will not hold Kalihi Union Church responsible for any accidents that might occur. In an emergency, if unable to contact me or one of the persons listed as emergency contact, I give Kalihi Union Church staff permission to contact and consult with my child's doctor and to take my child to the nearest medical facility and be given any examination or treatment that is deemed necessary. I will assume all responsibility for cost incurred.

I authorize Kalihi Union Church to use my child's name, 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 Kalihi Union Church. 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 Kalihi Union Church staff consistent with these expectations, then the child will take a time out from the activity at the staff members's discretion. A child with consistent behavior problems will be sent to the director who may contact the parents for the purpose of removing the child from the program. Kalihi Union Church reserves the right to refuse any child's future participation in its programs. I authorize Kalihi Union Church and its staff to exercise these discipline policies in regards to my child.

Signature of Releasor: _____

Date: _____

Furlough Fridays Dates & Rates



Step 1

Select registration dates:

- | | | |
|--------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> 10/30 | <input type="checkbox"/> 12/18 | <input type="checkbox"/> 3/5 |
| <input type="checkbox"/> 11/6 | <input type="checkbox"/> 1/15/10 | <input type="checkbox"/> 4/23 |
| <input type="checkbox"/> 11/20 | <input type="checkbox"/> 1/29 | <input type="checkbox"/> 4/30 |
| <input type="checkbox"/> 12/4 | <input type="checkbox"/> 2/5 | <input type="checkbox"/> 5/7 |
| <input type="checkbox"/> 12/11 | <input type="checkbox"/> 2/12 | <input type="checkbox"/> 5/14 |

Program does NOT include October 23 or March 12.
For students in grade K-6 (Only ages 5-12 years old).

Step 2

Payment Options:

Option A--Pay IN FULL for all dates in advance and receive a \$25 DISCOUNT! Payment due by October 26.

Regular Day Program 8-2pm \$12 per day per child
All Day Program 8-5pm \$15 per day per child
Free Early Morning Care available from 7-8am.
Please bring your own lunch and snacks!

____ # of days x \$____/day = \$ _____ total

Option B--Pay each Friday ONE WEEK PRIOR to each date you are registering for. Students may NOT be registered and admitted on the same day of care.

Mail registration & minimum deposit of \$15 by Oct 26
Kalihi Union Church 2214 N. King St, Honolulu, HI, 96819
(\$5 Late Fee; \$25 Return Check Fee; \$25 Withdrawal Fee)

FOR OFFICE USE ONLY:

___ Authorization cards made ___ Paid in full
___ Pay each Friday