

Kalihi Union Church Summer Fun 2010 – Registration Form

For those students completed Grades K – 6 (ages 5 to 12 years old)

DATES: June 2 to July 20, 2010 (7 weeks)

To Register: Complete the form (one per child with current grade passed). **Print Clearly.**

Mail with **minimum deposit of \$100.00** to:

Kalihi Union Church 2214 N. King St. Honolulu, Hawaii 96819

Check one	Programs (Choose one)	Early Registration Due: April 1	Regular Registration Due: May 7	Late Registration Due: May 28	Payment
	Regular Day Program (6:30 am-2:00 pm)	<u>Cost:</u> \$425.00	<u>Cost:</u> \$475.00	<u>Cost:</u> \$525.00	\$
	Aftercare Program (2:00-5:30 pm)	<u>Cost:</u> \$225.00	<u>Cost:</u> \$275.00	<u>Cost:</u> \$325.00	\$
	All Day Program (6:30 am-5:30 pm)	<u>Cost:</u> \$650.00	<u>Cost:</u> \$750.00	<u>Cost:</u> \$850.00	\$
How did you hear about us? <input type="checkbox"/> flyer <input type="checkbox"/> church <input type="checkbox"/> friend <input type="checkbox"/> preschool <input type="checkbox"/> other: _____			Balance of payment is due prior to start of program (June 1)		Total Enclosed: \$
					Balance Due: \$

(completed)

Child's Name: _____ Grade: _____ School: _____

Address: _____ Zip: _____

Email Address: _____ Home Phone: _____

Birth Date: Month _____ Date _____ Year _____ Current Age: _____ Sex: M _____ F _____

****T-SHIRT SIZE (circle one) Children: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: M or L**

Mother/Guardian Name: _____ Work Phone: _____ Cell: _____

Father/Guardian Name: _____ Work Phone: _____ Cell: _____

Emergency Contact : _____ Phone #: _____ Relation: _____

Emergency Contact : _____ Phone #: _____ Relation: _____

Physical/Emotional Limitations: _____

Allergies (includes medications, foods, insects)/Unusual Fears: _____

Medications (list prescription name & dosage) _____

_____ My child has my permission to participate in all Summer Program Outings and activities unless otherwise specified or instructed in writing by me. (check box for your consent)

Signature of Parent/Guardian

Date

EMERGENCY CARE AUTHORIZATION

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 locate parents or guardians, I give Kalihi Union Church Summer Fun Program staff permission to contact and consult with my child's physician and to take my child to the physician/hospital of my choice, or the nearest emergency facility (Kaiser Permanente Moanalua Hospital) if warranted, for treatment. I will assume all responsibility for cost incurred.

Physician Name: _____ Medical Plan/#: _____ Phone: _____

Address: _____

Name of Hospital or Medical Center: _____ Phone: _____

Address: _____

AUTHORIZED PICK UP LIST

Child's Full Name _____
(Last) (First) (Grade)

PLEASE LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL ADULTS AUTHORIZED TO PICK UP YOUR CHILD (REN).

*NOTE: If any court order is in effect regarding the pick-up of your child, attach a copy of the pertinent legal documents.

I authorize the following adults to pick up my child(ren) from the KUC Summer Fun. I understand that unless I give written permission stating otherwise my child(ren) will be released only to those adults listed below.

Please Print:

Full Name	Phone Numbers (work/cell)	Relationship
_____	_____	Mother/Guardian
_____	_____	Father/Guardian
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Parent/Guardian Signature

Date