

Kalihi Union Church Summer Fun 2019 – Registration Form

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

DATES: June 5 to July 23, 2019 (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**
 Attn: Cathy Kawamura **2214 N. King St. Honolulu, Hawaii 96819**

Check one	Programs (Choose one)	Early Registration Due: April 15	Regular Registration Due: May 6	Late Registration Due: May 27	Payment
	Regular Day Program (6:30 am-2:00 pm)	<u>Cost:</u> \$550.00	<u>Cost:</u> \$600.00	<u>Cost:</u> \$650.00	\$
	Aftercare Program (2:00-5:30 pm)	<u>Cost:</u> \$300.00	<u>Cost:</u> \$350.00	<u>Cost:</u> \$400.00	\$
	All Day Program (6:30 am-5:30 pm)	<u>Cost:</u> \$850.00	<u>Cost:</u> \$950.00	<u>Cost:</u> \$1050.00	\$
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 (May 31)	Total Enclosed:	\$
				Balance Due:	\$

(completed)

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

Child Address: _____ Zip: _____

Email Address: _____ Home Phone: _____

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

****T-SHIRT SIZE (circle one)** Child: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S or M or L

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

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

Parent/Guardian Address: _____ Zip: _____

Emergency Name (if parent unavailable): _____ Relation: _____

Emergency Address: _____ Zip: _____ Phone #: _____

Physical/Emotional Limitations: _____

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

Medications (list prescription name & dosage) _____

(check box for consent)

I give permission for my child to participate in all Summer Program activities and field trips unless otherwise specified or instructed in writing by me.

I give permission for my child's work, photo, video or likeness to be used for promotional/prayer purposes.

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	Address	Phone Numbers	Relationship
_____	_____	_____	Mother/Guardian
_____	_____	_____	Father/Guardian
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Parent/Guardian Signature

Date