

MOILILI COMMUNITY CENTER

2535 South King St.
Honolulu, Hawaii 96826
Phone: 808-955-1555

FOR OFFICE USE ONLY

Date Received _____
Office Initials _____
Start Date _____
Accounting _____

Registration Form
2024
(1 Form Per Child)

Spring Adventure Program 2024

REGISTRATION DEADLINE: Friday, February 23, 2024

(Applications received after this date will be assessed a \$25.00 late registration fee if space is available.)

Single "day" services are ***not*** available for purchase. Register early! Space is not reserved until a payment is submitted with a completed registration form. Space is limited, and is only available on a first come, first served basis.

March 18 – 22, 2024

5 days

\$325.00

Spring Break \$ _____

Membership Fee (\$50.00) \$ _____

Late Reg. Fee (\$25.00) \$ _____

*No refunds for days missed. Lunch orders are available for advance purchase. (Drinks are NOT included.) **TOTAL \$ _____**

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY! PRINT IN BLACK INK ONLY

- Child's Name _____ Birth Date ____/____/____ Gr. _____
Last First Middle
- Address _____ Home Phone _____
Number & Street Apt.# City Zip Code
- School _____ Age: _____ Sex: _____ Male _____ Female
- Father's Name _____ Work Ph.: _____ Cell Ph.: _____
Father's Address _____
- Mother's Name _____ Work Ph.: _____ Cell Ph.: _____
Mother's Address _____
- Primary Email Address: _____

At the end of the day, my child will:

Walk Home _____
Time _____

Bus Home _____
Time _____

Be picked up _____
Time _____

PERSONS AUTHORIZED TO PICK-UP MY CHILD BESIDES PARENTS

- _____
Name / Relationship Address Primary Phone Number
- _____
Name / Relationship Address Primary Phone Number

NAMES OF PERSONS/AGENCIES TO BE CONTACTED IF PARENT CANNOT BE REACHED

- _____
Name / Relationship Address Primary Phone Number
- _____
Name / Relationship Address Primary Phone Number

HEALTH INFORMATION

Name of Physician _____ Phone _____
Address _____
Hospital _____ Phone _____
Dentist (for dental emergencies) _____ Phone _____
Name of Medical Insurance Coverage _____ Membership No. _____

- 1. Does your child need special accommodation (such as special needs, ADHD, physical disability, etc.)? **Y N**
Explain _____
- 2. Physical or other limitations that may hinder child's participation: _____
- 3. Special requirements or conditions (such as special medications, diet, etc.): _____
- 4. Allergies, if any (such as to foods, drugs, insect bites, etc.): _____
- 5. Unusual fears (such as water, darkness, animals, etc.): _____
- 6. Other personality characteristics which may be helpful for staff to know: _____
- 7. Date of last tetanus shot: _____ TB Clearance Date: _____

- 1. This certifies that (child's name) _____ has had a health examination within the current year and that his/her general health permits participation in all activities.
- 2. I consent to the Moiliili Community Center (MCC) staff taking appropriate action for the safety of my child.
(NOTE: Staff will first try to contact you. If unable to reach you, staff will contact the person/agencies listed on the front of this form. In the event of an emergency, an emergency unit will be contacted first, with a call to others thereafter.)
- 3. I consent to the above listed physician, dentist, and hospital or other emergency unit to provide all necessary emergency care.
- 4. I understand that no MCC staff can or will dispense any kind of medication to my child.
- 5. I understand that a **late registration fee of \$25.00** will be assessed for any registration's forms received after **Friday, February 23, 2024.**
- 6. I consent to my child participating in all excursions which are part of the MCC program for which he or she is registered.
- 7. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY MCC OF ANY CHANGES REGARDING THIS REGISTRATION FORM (e.g. address, telephone numbers, physician, court documents, etc.)
- 8. I understand that reasonable efforts are being made to ensure the safety of my child. However, I agree to hold MCC harmless for any accidents or injuries that may occur while my child is at or under the care of MCC.
- 9. **I understand that it is my responsibility to notify MCC whenever my child will be late or absent from the program on any given day, and if I fail to notify MCC, I agree to pay \$10.00 to MCC.**
- 10. I UNDERSTAND PAYMENTS ARE DUE ON OR BEFORE THE DUE DATE SPECIFIED.
- 11. **I understand that refunds will be given only if the child is terminated 7 days before the first day of the program and a \$25.00 service charge will be assessed. Thereafter, no refunds will be given and absolutely no refunds will be given if my child is sick or absent from the program.**
- 12. **I understand that the program ends promptly at 5:30 p.m. and, if I pick up my child later than 5:30 p.m., a late pick-up fee of \$5.00 for every fifteen minutes or fraction thereof per child will be charged to my account.**
- 13. I understand there will be a \$25.00 charge for returned checks.
- 14. I understand a membership fee of \$50.00 is required annually and is good for all center programs. **(nonrefundable)**
- 15. I HAVE RECEIVED AND READ THE PARENT INFORMATION BOOKLET AND UNDERSTAND AND AGREE TO ALL THE INCLUDED PROGRAM POLICIES.
- 16. If I should bring a lawsuit or claim against MCC, and MCC is required to incur expenses in defending itself, and if MCC prevails, I am responsible for MCC's attorney's fees, court costs and related expenses.
- 17. The use of "I" includes myself, personal representatives, executor, heirs, or assigns.

Please Sign & Return _____ Name: _____ Date: _____