

**MOILILI COMMUNITY CENTER**

2535 South King Street  
Honolulu, Hawaii 96826  
Phone: 955-1555

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Office Initials \_\_\_\_\_  
Start Date \_\_\_\_\_  
Accounting \_\_\_\_\_

Registration Form  
2018-2019  
**(1 Form Per Child)**

**WINTER ADVENTURE PROGRAM**

**REGISTRATION DEADLINE: Friday, December 7, 2018**

(Registrations received after the deadline will be assessed a \$25.00 late registration fee, provided space is available.)

Services for our Winter Adventure Program are only available through the weekly packages listed below.

Individual "day" services are not available.

**\*\*\*Program closed on December 25, 2018 & January 1, 2019\*\*\***

**Available Packages:**

___ December 24-January 7	9 days	\$ 315.00	<b>Winter Adventure Program \$</b> _____
___ December 24-28	4 days	\$ 140.00	<b>Membership Fee (\$35.00) \$</b> _____
___ December 31-January 7	5 days	\$ 175.00	<b>Late Reg. Fee (\$25.00) \$</b> _____
Lunch orders are available for advance purchase. (Drinks are NOT included.)			<b>TOTAL \$</b> _____

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

1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_  
Last Name, First Name Middle Nickname (if any)

2. Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Number & Street Apt.# City Zip Code

3. School: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

4. Father's Name: \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

5. Mother's Name: \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

At the end of the day, my child will:

\_\_\_ Be picked up; Time \_\_\_ \_\_\_ Catch the bus\*; Time \_\_\_ \_\_\_ Walk home\*; Time \_\_\_

*\*Certain restrictions apply. Contact our office for more information.*

**PERSONS AUTHORIZED TO PICK-UP MY CHILD BESIDES PARENTS**

1. \_\_\_\_\_  
Name / Relationship Address Phone Number

2. \_\_\_\_\_  
Name / Relationship Address Phone Number

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

1. \_\_\_\_\_  
Name / Relationship Address Phone Number

2. \_\_\_\_\_  
Name / Relationship Address 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 accommodations (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 forms accepted after **Friday, December 7, 2018** provided space is available in your child's appropriate age group.

6. I consent for my child to participate 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 to/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 my child is terminated 7 days before the first day of program and a \$15.00 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 my child is picked up 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 \$35.00 is required annually and is good for all center programs.

**(This fee is non-refundable)**

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 \_\_\_\_\_

Print Name

Signature

Date