

**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  
2019  
**(1 Form Per Child)**

**Fall Intersession  
October 7-11, 2019**

**REGISTRATION DEADLINE: Friday, September 20, 2019**

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

Register early! Space is not reserved until you submit payment with a completed registration packet.  
Individual day services are NOT available. Space is limited and available on a first-come, first-served basis.

Lunch orders are available for advance purchase. (Drinks not included.)

**Fall Intersession \$ 150.00**

Deadline to submit lunch orders forms is three (3) working days in advance.  
NO EXCEPTIONS! See lunch order form for more information.

**Membership Fee (\$35.00) \$ \_\_\_\_\_**

**Late Reg. Fee (\$25.00) \$ \_\_\_\_\_**

Morning & afternoon snacks provided daily.

**TOTAL \$ \_\_\_\_\_**

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

- Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_\_  
Last Name, First Name Middle Nickname (if any)
- Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Number & Street Apt.# City Zip Code
- School \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female
- Father's Name \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Email address \_\_\_\_\_ Employer \_\_\_\_\_
- Mother's Name \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Email address \_\_\_\_\_ Employer \_\_\_\_\_

At the end of the day, my child will:

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

*\*Restrictions apply. Contact our office for more information.*

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

- \_\_\_\_\_  
Name / Relationship Address Phone Number
- \_\_\_\_\_  
Name / Relationship Address Phone Number

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

- \_\_\_\_\_  
Name / Relationship Address Phone Number
- \_\_\_\_\_  
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 registrations forms accepted after **Friday, September 20, 2019** provided space is available in your child's appropriate age group.
6. I consent to 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 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 \$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 \$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