

MOILIILI COMMUNITY CENTER

2535 South King Street
Honolulu, HI 96825
Phone: (808) 955-1555

FOR OFFICE USE ONLY

Date Received _____
Office Initials _____
Start Date _____
Accounting _____

Registration Form
2020
(1 Form Per Child)

SPRING ADVENTURE PROGRAM

REGISTRATION DEADLINE: Friday, February 28, 2020

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

Individual "day" services are **not** available for purchase. Package price only.

Spring Adventure Program

March 16-20, 2020
Monday through Friday; 7:00 a.m.-5:30 p.m.

Spring Adventure Program \$ 175.00

Membership Fee (\$40.00) \$ _____

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

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

Morning & afternoon snack provided.

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. _____
- Mother's Name: _____ Bus. Ph. _____ Cell Ph. _____
- Father's Email Address: _____ 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

- _____
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 registration forms accepted after **Friday, February 28, 2020** 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 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 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 \$40.00 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