MOILIILI COMMUNITY CENTER Children & Families Program SY 2023-2024



A CAME

JAPANESE LANGUAGE SCHOOL



TEENS AFTER-SCHOOL



MCC AFTER-SCHOOL PROGRAM

HOKULANI EARLY MORNING CARE





SY 2023-2024





PROGRAM SERVICES

The Moiliili Community Center provides a fun, safe, and structured after-school environment in which children have the opportunity to learn, socialize and grow through a variety of experiences.

Location: Moiliili Community Center Office Hours:

2535 South King Street 8am-5pm; Monday-Friday **Honolulu, Hawaii 96826** Phone: (808) 955-1555

Transportation: Services are available from the following schools to MCC:

Hokulani, Kahala, UH Lab* & Wilson schools.

*PLEASE NOTE: UH Lab pick-up ONLY for 2:30pm dismissal (2:00pm on Wed)

Children must go directly to the pick up location immediately after the end of the school day. A minimum of 5 children must be enrolled per school.

Program Hours: Monday through Friday, except on holidays and school vacations.

2:15pm-5:30pm (Mon, Tues, Thurs & Fri) & 1:00pm - 5:30pm (Wed)

Grades: Kindergarten through Fifth Grade

Japanese Language School & cultural instruction is provided for children 5 to 11 years of age. Students will learn to read, write and speak Japanese.

Class Schedule: 1st Bell 3:10pm-3:55pm (Beginner 1, Beginner 2, Intermediate 1)

2nd Bell 3:55pm-4:40pm (Intermediate 2, Advance 1, Advance 2)

Japanese School Only - MCC transportation is not provided for JSO students. Self transportation children may arrive only a few minutes prior to the start of their class & must be picked up immediately at the end of class.

Japanese School & After-School Program - Children are enrolled for both Japanese School & the After-School Program. Children are qualified for transportation services to MCC provided space is available and must be picked up no later than 5:30pm.

After-School Care can be utilized alone or in conjunction with our Japanese Language School. It's available for students in Kindergarten through Fifth Grade.

"ASC": After-School Care Only - Children are not enrolled in Japanese School

and qualify for transportation services to MCC provided space is available.

Fun Activities: Recreational games, arts & crafts, music/dance and much more...

Special Activities: Cultural day events, holiday activities, special guests, etc.

Study Hall: Supervised time for students to do homework with general tutorial

or engage in quiet reading for personal enjoyment.

Snacks: MCC does not provide a daily snack service. However, a specific time will be set aside daily for your child to enjoy their snack. Packing a snack for your child is optional and

at your own discretion. Children are not allowed to share snacks.

Early Morning Care may available for students at Hokulani Elementary School.

Time: 6:30am - 8:00am (Located in the school cafeteria)

Activities: Study hall, reading, recreational games, quiet activities and

arts & crafts. (Students will be allowed to purchase breakfast.)



REGISTRATION & OTHER RELATED INFORMATION

- 1. Placement in the program will depend upon space availability in the appropriate age group. Registration is on a first-come, first-served basis. We do not offer online or phone registrations.
- 2. Complete a registration packet in its entirety which includes a registration form & other related MCC documents. ONE (1) REGISTRATION FORM PER CHILD. Packets are available at MCC or online.
- 3. First month's payment is required upon registration.
- 4. REGISTRATION DEADLINE IS FRIDAY, JULY 14, 2023. A \$25.00 LATE FEE will be assessed for registrations received after this deadline.
- 5. Refunds will be allowed for cancellations made one week (7 consecutive days) before the program begins, MINUS A \$25.00 SERVICE CHARGE.
- 6. An annual membership fee of \$50.00 is assessed and is good for all MCC programs. THIS FEE IS NON-REFUNDABLE.
- 7. You can mail or bring in the completed form to: Moiliili Community Center; 2535 South King Street; Honolulu, HI 96826
- 8. Enclose a check or money order MADE PAYABLE TO MCC. MasterCard and Visa charge cards are also accepted WHEN PAYING IN PERSON AT MCC. Checks returned for insufficient funds WILL BE CHARGED A \$25.00 FEE.

PARENT ORIENTATION NIGHT

Due to the uncertainties surrounding COVID-19, MCC will forego our annual parent orientation meeting. We highly recommend all parents to review our Parent Information Sheets in its entirety to avoid any misunderstandings or undue stress. Please feel free to contact our office should you have any questions, concerns or need clarification on any of the enclosed information. Thank you for your cooperation!

ALL-DAY CARE PROGRAMS

MCC offers all-day care from 7:00am-5:30pm during fall, winter, spring & summer breaks/recess. This may include any special one-day programs such as Waiver Days, Teacher Work Days, Planning & Collaboration Days, etc. that may be held during the school year. All programs are scheduled according to the DOE school year calendar and are subject to change.

Your child will enjoy a range of activities including indoor/outdoor games, arts & crafts, science/nature, excursions (depending on COVID-19 guidelines/restrictions) and much more. The All-Day Care program includes (at no additional charge) activity supplies and any entrance and/or transportation fees for any excursions scheduled (unless indicated otherwise).

Please pack a lunch & drink daily for your child. Snacks are not provided but are recommended. Lunch orders are normally available for advance purchase EXCEPT during any special one-day programs.

> **TENTATIVE** registration deadlines are as follows: (subject to change; based on the DOE school calendar)

Friday, September 22, 2023 Fall Intersession: Friday, December 1, 2023 Winter Adventure: Spring Adventure: Friday, March 1, 2024

Friday, May 10, 2024 Seven (7) days prior to first day of program (if any). *Special Day Programs:

*A minimum of five (5) children must be enrolled each day in order for the program to take place. For more information, call or stop by our main office during office hours EXCEPT on holidays.

Summer Smiles:



TEENS AFTER-SCHOOL & ENRICHMENT PROGRAM

<u>TEENS AFTER-SCHOOL & ENRICHMENT PROGRAM</u> emphasizes structured study hall, general tutorial and recreational activities for sixth graders. Transportation services are <u>NOT</u> available.

LOCATION: Moiliili Community Center / 2535 South King Street / Honolulu, HI 96826

DATES: August 2023 - May 2024

HOURS: After school - 5:30 p.m.

GRADE: Sixth Grade only FEE: \$75.00 per month

PROGRAM: Structured study hall, enrichment activities and daily supervision.



TEENS IN ACTION PROGRAM

<u>TEENS IN ACTION</u> is an exciting, fulfilling and rewarding experience for students who have completed the seventh grade or above. Teens volunteer their time to assist our recreational leaders in supervising and implementing activities for the children. In return they learn valuable work skills, gain experience & training, and become a vital part of our program! Upon graduation from high school, these teen volunteers may be given an opportunity for employment at MCC should they desire. Volunteering at MCC gives these teens an added advantage in the hiring process since they've been part of the program. Social activities are planned for them to meet and socialize with peers and adult leaders. QUALIFICATIONS: <u>Must have lots of energy</u>, be patient, caring, enthusiastic and have a heart for children!

Additional fees apply. For more information about the Teens After-School & Enrichment Program or Teens In Action, please call (808) 955-1555.

Moiliili Community Center 2535 South King Street Honolulu, Hawaii 96826

FOR OFFICE USE ONLY

Date Rec'd _____

MOILIILI COMMUNITY CENTER 2535 South King Street Honolulu, HI 96826

Phone: 955-1555 Fax: 945-7033

| FOR ACCT'G USE ONLY |
|----------------------------|
| Date Rec'd |
| Initials |
| Accounting |

1 Copy Per Child

Registration deadline is Friday, July 14, 2023

| 2023-2024 Japanese Languag | ge School / A | After-Sch | ool Prog | gram Regist | tration For | m | | |
|--|-----------------|--|----------|------------------|------------------------|---|----------------|--|
| Japanese School/After-School | ′ | Please check the appropriate lines below: Hokulani Early Morning Care \$ 130.00 | | | | | | |
| · · | <u> </u> | Hokulani Early Morning Care | | | | | | |
| INDICATE 1ST & 2ND PRIORITY: | | After-School Care Only (ASC) | | | \$ 275.00 \$ 245.00 | | | |
| STUDY HALL | | Japanese School Only (JSO) Japanese School With After-School Program (JASP) Japanese Language Textbook Grade Level: | | | | | | |
| | _ · | | | | | | | |
| OR | | = | _ | | | | 20.00 | |
| CLASS ACTIVITIES | ı · | Japanese Language Workbook | | | | | 15.00 50.00 | |
| Includes games, arts & crafts, sports, | | Membership Fee | | | | | | |
| music/dance, etc. | | Late Registration Fee Teens Afterschool *transportation not provided | | | | | | |
| | | | • | • | TOTAL DUI | • | 75.00 | |
| Request Transportation | | START DATE:i Kahala | | | | | Colf | |
| (Check one only): Hokul | | Naliala | | n Lau | VVIISOIT | | _Self | |
| Child's Name Last Name, First Name | | | | Birth Date | | | | |
| | | | , ., | | | | | |
| 2. Address | # City | | Zin Code | Home Pho | ne | | | |
| 3. School | | | | | | | | |
| 4. Father's Name | | | | | | | | |
| 5. Employer | | | | | | | | |
| | | Onlice Fin Cell: | | | | | | |
| | | Office Ph E | | | | | | |
| Primary Email Address | | | | | | | | |
| 9. At the end of the day, my child will: | | Bus Hon | ne | Be picked up | Time | | | |
| PERSONS AUTHO | | | | | | | | |
| Name | | | | elationship to C | hild | | | |
| Address Phone | | | | | | | | |
| Name | | | | elationship to C | hild | | | |
| Address | | | | hone | | | | |
| NAMES OF PERSONS/AGENO | IES TO BE COM | NTACTED IF | PARENT (| CANNOT BE RE | ACHED: | | | |
| Name | | | R | elationship to C | hild | | | |
| Address | | | P | hone | | | | |
| Name | | | | elationship to C | hild | | | |
| Address | | | P | hone | | | | |
| N. CDI. | | FORMATION | : | | | | | |
| Name of Physician | | | | L | | | | |
| Address | | | | hone | | | | |
| Hospital | | | | hone | | | | |
| Dentist (For Dental Emergencies) Phone Name of Medical Insurance Coverage Membership # | | | | | | | | |
| manne of injection insurance coverage | | | IV | ienibersnib# | | | | |

| | SPECIAL HEALTH INFORMATION (Fill out information completely) | | | | | | |
|------|--|--|--|--|--|--|--|
| 1. | Does your child need special accommodations (such as special needs, ADHD, physical disability, etc)? Y N Explain: | | | | | | |
| 2. | 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. | Other personality characteristics which may be helpful for staff to know: | | | | | | |
| | Date of last tetanus shot: 7. TB Clearance Date: | | | | | | |
| | 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 to take 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 ABSOLUTELY NO MCC staff can or will dispense any kind of medication to my child. (Only exception: Epi-Pen) | | | | | | |
| 5. | I consent my child to participate in all excursions for whichever program he or she is registered for at MCC (if any). | | | | | | |
| 6. | a photograph / video of my child is taken while he or she is participating in an MCC program activity, I hereby give authorization MCC to display or publish any such photograph / video (but without identifying my child by name) in any MCC promotiona aterials or reports concerning its program activities. | | | | | | |
| 7. | I UNDERSTAND IT IS MY RESPONSIBILITY AS A PARENT / LEGAL GUARDIAN TO NOTIFY MCC OF ANY CHANGES REGARDING THIS REGISTRATION FORM (i.e. address, telephone numbers, authorized pick-up persons, physician, etc.) | | | | | | |
| 8. | I understand that reasonable efforts are being done to ensure the safety of my child. However, I agree to hold MCC harmless for any accidents or injuries which might 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 absent from the program on any given day. If I fail to notify MCC before the start of the program day, I agree to pay \$10.00 to MCC. | | | | | | |
| 10 | I UNDERSTAND PAYMENTS ARE DUE ON OR BEFORE THE DUE DATE SPECIFIED. | | | | | | |
| 11. | I understand refunds will be given only if my child is terminated 7 consecutive days before the first day of the program. 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 5:30pm. If I pick-up my child later than 5:30pm, a late pick-up fee of \$5.00 for every fifteen minutes (or a fraction thereof) per child will be assessed. | | | | | | |
| 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. (This is non-refundable) | | | | | | |
| 15. | I HAVE RECEIVED AND READ THE PARENT INFORMATION SHEETS AND UNDERSTAND AND AGREE TO ALL THE INCLUDED PROGRAM POLICIES. <i>PLEASE NOTE: COVID-19 IS ADDRESSED IN OUR PARENT INFORMATION SHEETS</i> . | | | | | | |
| 16 | If I should bring a law suit 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 cost and related expenses. | | | | | | |
| 17. | The use of "I" includes myself, personal representatives, executor, heirs or assigns. | | | | | | |
| PΙα | ease Sign & Return | | | | | | |
| , 10 | PARENT/GUARDIAN SIGNATURE DATE | | | | | | |