

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
2023
(1 Form Per Child)

FALL INTERSESSION 2023
October 9-13, 2023

REGISTRATION DEADLINE: Friday, September 15, 2023

(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.

Program Hours: 7:00am-5:30pm (Individual day services are NOT available)

Fall Break \$ 325.00

Space is limited and available on a first-come, first-served basis.

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

Annual Membership Fee (\$40.00) \$ _____

See lunch order form for more information including deadlines.

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

Morning & afternoon snack breaks provided.

TOTAL \$ _____

Pack snacks for your child if you so desire. (No sharing allowed)

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

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 _____ Bus. Ph. _____ Cell Ph. _____
- Mother's Name _____ Bus. Ph. _____ Cell Ph. _____
- Primary E-mail 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 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

=OVER=

PLEASE COMPLETE REVERSE SIDE

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. (EpiPen is the only exception.)
5. I understand that a **late registration fee of \$25.00** will be assessed for any registration forms received after **Friday, September 15, 2023** 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. (Due to COVID-19, we *may* not be offering excursions during this program.)
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 \$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 _____
Name Date



MOILILI COMMUNITY CENTER

Children & Families Program Participant and/or Volunteer Assumption of Risk, Release of Liability, Indemnify, Medical Release and Media Waiver Agreement

Participant & Teen Volunteer _____

I understand that Moilili Community Center ("Center") offers through its Children & Families Program ("Program"), a variety of activities throughout the year for students ranging from elementary school through secondary school, including but not limited to After-School Plus (A+), fall intersession, holiday, Teens In Action programs. I further acknowledge that parents and legal guardians may wish to participate in some or all of those activities with their child. The specific risks vary from one activity to another, but the risks range from 1) damaged or lost property, 2) minor injuries such as scratches, cuts, bruises and strains, and 3) major injuries such as broken bones, concussions, paralysis, up to and including death. I understand and acknowledge that participation by me and my child in the Center's programs is strictly voluntary. For purposes of this agreement, "child" includes a minor who is in the care of a legal guardian.

Activities Assumption of Risk, Release and Idemnity:

In consideration of my child's and/or my participation in the Program, on behalf of my child and myself, our personal representatives, heirs and assigns, I

1. Assume any and all risk of injury, loss or damage which may arise out of my child and/or my participation in any activity occurring anywhere when participating/volunteering in the Program.
2. Waive and release any and all claims against the State of Hawaii, Department of Education A-Plus, and the Center, its trustees, board of directors, employees, agents and representatives, in their personal and professional capacities, collectively referred to as "MCC," for any and all injuries, losses or damages that my child and/or I sustain in connection with or arising out of such participation;
3. Waive, release and hold harmless MCC from any responsibility for injuries, liabilities, losses or damages including death connected with or arising out of my or my child's transportation in a vehicle provided or used in connection with such participation; and
4. Agree to indemnify, defend and forever hold harmless MCC from and against all claims by the third parties that may arise out of such participation, including the rendering of first aid to me and/or my child. While MCC may provide first aid to me or my child, final and complete responsibility for our health is mine.

Medical Release

I understand that in the event of illness or injury to my child and/or me, MCC may, but is not obligated to provide available first-aid care of treatment. I hereby authorize all necessary medical care or treatment to my child and/or me, with or without my prior consent, and understand that the Center will make reasonable attempts to notify me, or the person whom I designate as an emergency contact, as soon as possible of illness or injury to me and/or my child. I acknowledge and agree that it is my responsibility to provide MCC with the necessary information to use to reach me or the person whom I designate as the emergency contact. I further authorize the Center to refer my child such physician(s) or facilities, as are deemed necessary or appropriate, and my preference of physician or facilities in the event of such consultation or referral is on my child's registration/application form.



Media Waiver

I further consent to the making of visual and/or sound recordings (materials) of my child or me by MCC. I consent to MCC's use of materials in any manner and purpose deemed appropriate by MCC, and waive both my or my child's right to approve the materials and I understand that MCC is not obligated to use any of the materials.

I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS AND PROVISIONS, THAT I UNDERSTAND THAT IT AFFECTS MY CHILD'S AND MY LEGAL RIGHTS, THAT IT IS A BINDING AGREEMENT, AND I SIGN IT KNOWINGLY AND VOLUNTARILY.

Signature of Parent or Legal Guardian

Date





MOILIILI COMMUNITY CENTER

COVID-19 ACKNOWLEDGEMENT

I hereby acknowledge that, _____, (check one: ___ Child ___ Staff ___ Volunteer) to the best of my knowledge have not experienced COVID-19 symptoms during the past fourteen (14) days nor has any person(s) living in the same residence experienced any symptoms of COVID-19 during the past fourteen (14) days.

Symptoms of COVID-19 as stated by the CDC may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

By signing below, I acknowledge the information above is true and correct to the best of my knowledge. Furthermore, should I or any member of my household contract COVID-19 or display any symptoms, I will immediately notify MCC of the situation and follow any guidelines deemed appropriate.

Print Name

Signature

Date





MOILIILI COMMUNITY CENTER

MCC PARKING LOT POLICY & PROCEDURE ACKNOWLEDGEMENT

The Moiliili Community Center (MCC) offers many programs & services to the community. As such, parking is in high demand on the premises. Especially during the morning hours when both seniors and children's programs are running simultaneously. Therefore it is imperative that we receive your cooperation in making MCC a safe place for our children, families & other users of our facilities. Please note: Second floor parking is not MCC's jurisdiction.

Please go through the following items to familiarize yourself with MCC's policies & procedures. **Place your initials in black or blue ink next to each item below.**

___ Obey all posted signs especially the STOP signs and cooperate with the lot attendants.

___ Drive slowly and be cautious as we have many children & seniors on-site.

___ Absolutely no double parking on MCC premises.

___ Do not remove safety cones.

___ When dropping off your child(ren) at the "auto line" in the morning, we ask that your children exit **ONLY** through the right side of your vehicle for their own safety.

___ When utilizing the "auto line", **DO NOT** park or get out of your vehicle for any reason. Please do not obstruct traffic. If you must park or exit your vehicle for whatever reason, you should park your car in an available space.

___ **DO NOT** enter the premises from Kapaakea Lane. This is a **ONE WAY EXIT**.

___ Parking in handicap stalls requires a valid, current placard to be displayed.

___ **NO PARKING** in reserved stalls. (Signs are posted or stalls marked with cones)

___ Restricted parking is in effect Monday through Friday under the covered parking area during the school year. Normal restricted hours are from 1:30-3:30pm daily except on Wednesdays from 12:45-2:30pm. Days & times will vary based on the school schedules.

By signing below, I acknowledge I have read and understand all of MCC's Parking Lot Policies & Procedures as stated above. Furthermore, I understand any violations of these policies & procedures by myself, spouse or any other authorized person listed on my child's registration form may incur consequences such as suspension and/or termination of parking and/or participation privileges at the Moiliili Community Center.

Signature

Print Name

Date

