

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 received after **Friday, September 27, 2024.**
6. I consent to my child participating 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 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 \$50.00 is required annually and is good for all center programs.
(This fee is non-refundable)
25. 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**