

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
2022
(1 Form Per Child)

Winter Intersession 2022

REGISTRATION DEADLINE: Friday, December 02, 2022

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

Services for our Winter Adventure program are only available through the packages listed below. Individual "day" services are not available for purchase. Register early! Space is not reserved until you submit payment with a completed registration form. Space is limited and available on a first come, first served basis.

Available Packages:

| | | | |
|--|--------------------------------|--|-----------------------|
| | | | Winter Break \$ _____ |
| ___ Dec. 19 – Jan. 03, 2023. (10 Days) | \$650.00 (Full Winter program) | Annual Membership Fee (\$40.00) \$ _____ | |
| ___ Dec. 19 – Dec. 23, 2022. (5 Days) | \$325.00 (Week 1.) | Late Reg. Fee (\$25.00) \$ _____ | |
| ___ Dec. 27 – Jan. 03, 2023. (5 Days) | \$325.00 (Week 2.) | TOTAL \$ _____ | |

*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. _____

At the end of the day, my child will:

| | | |
|-----------------|----------------|--------------------|
| Walk Home _____ | Bus Home _____ | Be picked up _____ |
| Time _____ | Time _____ | 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.
5. I understand that a **late registration fee of \$25.00** will be assessed for any registration forms received after **Friday, December 02, 2022.**
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 the 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 \$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