

**MOILIILI 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)**

**Winter Intersession 2024**

**REGISTRATION DEADLINE: Friday, December 06, 2024**

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

Services for our Winter Adventure program is 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:**

|   |                                       |  |                       |
|---|---------------------------------------|--|-----------------------|
| _____ <b>Dec. 23 – Jan. 06, 2025.</b>       | <b>\$675.00</b> (Full Winter program) | Annual Membership Fee (\$50.00) \$ _____ | Winter Break \$ _____ |
| _____ <b>Dec. 23 – Dec. 27, 2024.</b>       | <b>\$300.00</b> (Four Days)           | Late Reg. Fee (\$25.00) \$ _____         |                       |
| _____ <b>Dec. 30, 2024 – Jan. 06, 2025.</b> | <b>\$375.00</b> (Five Days)           | <b>TOTAL \$</b> _____                    |                       |

\*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 State Zip Code
- School \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female
- Father’s Name \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Father’s Email \_\_\_\_\_
- Mother’s Name \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Mother’s Email \_\_\_\_\_

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 Name

**\*Mask Mandate Requirement: Moiliili Community Center enforces a mask mandate. For the safety of all, face masks are required to be worn on MCC premises.**

**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 accommodation (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 06, 2024.**
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 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***)
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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_