

MOILILI COMMUNITY CENTER

2535 South King St.
Honolulu, Hawaii 96826
Phone: 808-955-1555

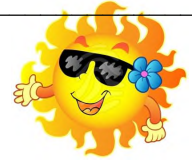
FOR OFFICE USE ONLY

Date Received _____
Office Initials _____
Start Date _____
Accounting _____

Registration Form
2022
(1 Form Per Child)



Summer Smiles Program 2022



Please fill in the following information completely. **Print legibly in black ink ONLY.**

REGISTRATION DEADLINE: Friday, May 13, 2022

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

- 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. _____

Full registration must be for a minimum of (3) consecutive weeks

DATES ATTENDING: _____

Services for our Summer Smiles 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.

<i>Available Packages:</i>	<i>4 weeks (1st or 2nd)</i>	<i>Price for all 8 weeks</i>	<i>Payment due dates</i>
Summer Smiles Program Only	\$ 699 (or 3 \$233 payments)	\$ 1365 (or 3 \$455 payments)	1 st payment due: Upon Registration
Japanese Language School Only	\$ 180 (or 3 \$60 payments)	\$ 330 (or 3 \$110 payments)	2 nd payment due: Friday, May 20
Both Summer Smiles Program and Japanese Language School	\$ 870 (or 3 \$290 payments)	\$ 1650 (or 3 \$550 payments)	3 rd payment due: Friday, May 27

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



Summer Smiles / Japanese Language School Package (1st payment) \$ _____
 (2nd payment **due May 20**) \$ _____
 (Final payment **due May 27**) \$ _____
 Annual Membership Fee (\$40.00) \$ _____
 Late Reg. Fee (\$25.00) \$ _____
TOTAL \$ _____



TO REGISTER

1. COMPLETE A FULL DAY OR A HALF DAY APPLICATION AND INFORMATION SHEETS.
2. REGISTRATION MUST BE FOR A MINIMUM OF THREE (3) CONSECUTIVE WEEKS FOR THE FULL DAY PROGRAM.
3. PAYMENT (IN FULL OR A DEPOSIT) IS REQUIRED FOR ALL REGISTRATIONS.
4. REGISTRATION DEADLINE FOR ALL PROGRAMS IS FRIDAY, MAY 13, 2022.
Registrations turned in after May 13, 2022 will be assessed a late fee of \$25.00.
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 \$40.00 IS ASSESSED AND GOOD FOR ALL PROGRAMS.
THIS FEE IS NON-REFUNDABLE.
7. MAIL OR BRING THE COMPLETED FORM (WITH PAYMENT) TO:
MOILILI COMMUNITY CENTER 2535 SOUTH
KING STREET HONOLULU, HAWAII 96826
8. ENCLOSE A CHECK OR MONEY ORDER. MASTERCARD AND VISA CHARGE CARDS ARE ALSO ACCEPTED WHEN PAYING IN PERSON. CHECKS RETURNED FOR INSUFFICIENT FUNDS WILL BE CHARGED A \$25.00 FEE.
9. PLACEMENT IN THE PROGRAM WILL DEPEND UPON SPACE AVAILABILITY IN THE APPROPRIATE AGE GROUP. REGISTRATION IS ON A FIRST-COME, FIRST-SERVED BASIS. NO TELEPHONE REGISTRATIONS WILL BE TAKEN.

NOTIFICATION OF CHILD'S ABSENCE

TO ENSURE THE SAFETY AND ACCOUNTABILITY OF YOUR CHILD, MOILILI COMMUNITY CENTER REQUIRES THAT PARENTS NOTIFY THE MCC OFFICE AT 955-1555 (BEFORE 8:30 A.M.) WHEN THEIR CHILD WILL BE ABSENT OR TARDY. IF NECESSARY, LEAVE A MESSAGE ON THE ANSWERING MACHINE. IF YOU DO NOT CALL IN TO MCC TO REPORT YOUR CHILD'S ABSENCE OR TARDY, A FOLLOW-UP CALL WILL BE MADE TO DETERMINE THE WHEREABOUTS OF YOUR CHILD. IF THIS FOLLOW-UP CALL IS MADE, YOU WILL BE ASSESSED A \$10.00 FEE. THIS POLICY APPLIES TO ALL SUMMER SMILES PARTICIPANTS.

LATE PICK-UP FEE



A LATE PICK-UP FEE OF \$5.00 FOR EVERY FIFTEEN (15) MINUTES (OR A FRACTION THEREOF) WILL BE ASSESSED PER CHILD FOR ANY PICK-UP AFTER 5:30 P.M.

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: _____
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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, May 13, 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