

**MOILIILI COMMUNITY CENTER**

2535 South King Street  
Honolulu, Hawaii 96826  
Phone: (808) 955-1555

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Office Initials \_\_\_\_\_  
Start Date \_\_\_\_\_  
Accounting \_\_\_\_\_

Registration Form  
2021-2022  
**(1 Form Per Child)**

**WINTER ADVENTURE PROGRAM**

**REGISTRATION DEADLINE: Friday, December 3, 2021**

(Registrations received after the deadline will be assessed a \$25.00 late registration fee, provided space is available.)

Services for our Winter Adventure Program are only available through the weekly packages listed below.  
Individual "day" services are not available.

**\*\*\*Program closed on December 24, 2021 & December 31, 2021\*\*\***

<b>FULL PROGRAM (December 20 - January 3) 9 days = \$450.00</b>	Winter Adventure Program \$ _____
<b>Week 1 only: (December 20 - December 23) 4 days = \$200.00</b>	Membership Fee (\$40.00) \$ _____
<b>Week 2 only: (December 27 - January 3) 5 days = \$250.00</b>	Late Reg. Fee (\$25.00) \$ _____
	<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 Name, First Name Middle Nickname (if any)  
 School \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female
- Father's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Bus Ph \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Number & Street (Apt.#) City Zip Code  
 Email address \_\_\_\_\_ Employer \_\_\_\_\_
- Mother's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Bus Ph \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Number & Street (Apt.#) City Zip Code  
 Email address \_\_\_\_\_ Employer \_\_\_\_\_

At the end of the day, my child will: *\*Restrictions may apply. Contact our office for more information.*  
 \_\_\_\_ Be picked up; Time \_\_\_\_\_ \_\_\_\_ Catch the bus\*; Time \_\_\_\_\_ \_\_\_\_ Walk home\*; 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, 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 accepted after **Friday, December 3, 2021** 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 my 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** \_\_\_\_\_

**Print Name**

**Signature**

**Date**