

# Kalihi Union Church Summer Fun 2017 – Registration Form

*For those students completed Grades K – 6 (ages 6 to 12 years old)*

**DATES: May 31 to July 25, 2017 (8 weeks)**

**To Register:** Complete the form (one per child with current grade passed). **Print Clearly.**  
 Mail with **minimum deposit of \$100.00** to:  
**Kalihi Union Church 2214 N. King St. Honolulu, Hawaii 96819**

Check one	Programs (Choose one)	Early Registration Due: April 17	Regular Registration Due: May 5	Late Registration Due: May 26	Payment
	Regular Day Program (6:30 am-2:00 pm)	<u>Cost:</u> \$550.00	<u>Cost:</u> \$600.00	<u>Cost:</u> \$650.00	\$
	Aftercare Program (2:00-5:30 pm)	<u>Cost:</u> \$300.00	<u>Cost:</u> \$350.00	<u>Cost:</u> \$400.00	\$
	All Day Program (6:30 am-5:30 pm)	<u>Cost:</u> \$850.00	<u>Cost:</u> \$950.00	<u>Cost:</u> \$1050.00	\$
How did you hear about us? <input type="checkbox"/> flyer <input type="checkbox"/> church <input type="checkbox"/> friend <input type="checkbox"/> preschool <input type="checkbox"/> other: _____			Balance of payment is due prior to start of program (May 31)		Total Enclosed: \$
					Balance Due: \$

(completed)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**\*\*T-SHIRT SIZE (circle one) Child: XS (4-6) S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S or M**

Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Physical/Emotional Limitations: \_\_\_\_\_

Allergies (includes medications, foods, insects)/Unusual Fears: \_\_\_\_\_

Medications (list prescription name & dosage) \_\_\_\_\_

(check box for consent)

I give permission for my child to participate in all Summer Program activities and field trips unless otherwise specified or instructed in writing by me.

I give permission for my child's work, photo, video or likeness to be used for promotional/prayer purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY CARE AUTHORIZATION**

I understand that everything possible will be done to ensure the safety of my child. I will not hold Kalihi Union Church responsible for any accidents that might occur. In an emergency, if unable to locate parents or guardians, I give Kalihi Union Church Summer Fun Program staff permission to contact and consult with my child's physician and to take my child to the physician/hospital of my choice, or the nearest emergency facility (Kaiser Permanente Moanalua Hospital) if warranted, for treatment. I will assume all responsibility for cost incurred.

Physician Name: \_\_\_\_\_ Medical Plan/#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Hospital or Medical Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**AUTHORIZED PICK UP LIST**

Child's Full Name \_\_\_\_\_  
(Last) (First) (Grade)

**PLEASE LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL ADULTS AUTHORIZED TO PICK UP YOUR CHILD (REN).**

\*NOTE: If any court order is in effect regarding the pick-up of your child, attach a copy of the pertinent legal documents.

I authorize the following adults to pick up my child(ren) from the KUC Summer Fun. I understand that unless I give written permission stating otherwise my child(ren) will be released only to those adults listed below.

**Please Print:**

<b>Full Name</b>	<b>Phone Numbers (work/cell)</b>	<b>Relationship</b>
_____		Mother/Guardian
_____		Father/Guardian
_____		
_____		
_____		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date