

HUAKAILANI CAMP PLUMERIA 2010

Registration Form

Registration Deadline: April 23, 2010

A \$10.00 late fee will be assessed for Registration Forms received after April 23, 2010.

1. Child's Name (Last, First) _____ School _____

2. Parents/Legal Guardians (Authorized to pick up child):

Parent/Guardian 1 Primary Phone # Additional Number

Parent/Guardian 2 Primary Phone # Additional Number

3. Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address: _____

4. Medical Conditions/allergies _____

5. Doctor's Name _____ Phone _____
Address _____

6. Medical Insurance _____ Policy # _____

7. Authorized Pick Up and Emergency (other than parent/guardian):

Name Work Phone Home or Cell Phone

Name Work Phone Home or Cell Phone

Parent/Guardian Permission: I hereby give permission for the registrant to participate in Camp Snowflake 2009 program activities and off-site Kailua Town walking excursions. If Huakailani School staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of serious illness or injury for the Huakailani supervisor on duty to take my child to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility. It is understood that all reasonable effort will be made to contact the parent/guardian. Check here only if registrant **MAY NOT**: Be photographed for Camp publicity purposes. If left unchecked, I give permission for Huakailani School to use my child's photograph for advertising, publicity and public relations programs. Names will not be used.

Discipline Policy: Children are supervised to assure the safety and well being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Huakailani School staff, the child may take a time out from the activity at the staff member's discretion. Parents will be contacted if a child consistently misbehaves and may be removed from the program if misbehavior interferes with the safety and well-being of other children in the program. Huakailani School reserves the right to refuse any child's future participation in its programs. I hereby authorize Huakailani School and its employees to exercise these discipline policies in regard to my child.

Signature of Parent/Guardian _____ Date _____

PACKAGE 1 - June 14 - August 6

_____ Half Day - 8:30 a.m. - 1:30 p.m.
\$1000.00

PACKAGE 2 - June 14 - August 6

_____ Full Day 8:30a.m. - 5:30p.m.
\$1400.00

Application Fee (\$50.00*) and application due by April 23, 2010. Spaces will be filled as applications/fees are received.

~Enrollment is limited ~

_____ *Check here if returning Huakailani Camp Student - Application Fee Waived

Registration Fee is non-refundable if registration is cancelled.

First Payment is not due until June 4. You will receive an invoice.

TOTAL PROGRAM _____

Late Fees: _____

TOTAL DUE: _____

Huakailani School
146 Hekili Street, Suite 104
Kailua, HI 96734