

Registration Form  
2021  
(1 Form Per Child)

**MOILIILI COMMUNITY CENTER**

2535 South King Street  
Honolulu, HI 96825  
Phone: (808) 955-1555

**FOR OFFICE USE ONLY**

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

**JEFFERSON HALF-DAY PROGRAM**

**REGISTRATION DEADLINE: Friday, May 14, 2021**

**Program Details:**

- ❖ June 4-July 2; 1:00-5:30pm
- ❖ Monday through Friday; except June 11 (Holiday)
- ❖ Pack a lunch & drink daily for your child
- ❖ Lunch orders should be available for advance purchase
- ❖ Afternoon snacks are NOT provided

**Payment Options:**

(Due in full or as notated)

\_\_\_ Payment in Full \$ **425.00**

OR

\_\_\_ Due Upon Registration \$ **150.00**

\_\_\_ Due on May 14 \$ **150.00**

\_\_\_ Due on May 28 \$ **150.00**

**Membership Fee (\$40.00)** \$ \_\_\_\_\_

Program will be held at MCC. Transportation will be provided to MCC.

**Late Registration Fee (\$25.00)** \$ \_\_\_\_\_

Parents must pick up child from MCC. No transportation to Jefferson.

**TOTAL** \$ \_\_\_\_\_

**PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY! PRINT IN BLACK INK ONLY**

1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Gr. \_\_\_  
Last Name, First Name Middle Nickname (if any)
2. Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Number & Street Apt.# City Zip Code
3. School: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female
4. Father's Name: \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_
5. Mother's Name: \_\_\_\_\_ Bus. Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_
6. Father's Email Address: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

At the end of the day, my child will:

\_\_\_ Be picked up; Time \_\_\_\_\_ \_\_\_ Catch the bus\*; Time \_\_\_\_\_ \_\_\_ Walk home\*; Time \_\_\_\_\_

*\*Certain restrictions apply. Contact our office for more information.*

**PERSONS AUTHORIZED TO PICK-UP MY CHILD BESIDES PARENTS**

1. \_\_\_\_\_  
Name / Relationship Address Phone Number
2. \_\_\_\_\_  
Name / Relationship Address Phone Number

**NAMES OF PERSONS/AGENCIES TO BE CONTACTED IF PARENT CANNOT BE REACHED**

1. \_\_\_\_\_  
Name / Relationship Address Phone Number
2. \_\_\_\_\_  
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, 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. **Epi-pen only exception.**  
5. I understand that a **late registration fee of \$25.00** will be assessed for any registration forms accepted after **Friday, May 14, 2021** provided space is available in your child's appropriate age group.  
6. I consent for my child to participate in all excursions which are part of the MCC program for which he or she is registered. Due to COVID, excursions may not take place.  
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 my child is picked up 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