HEALTH INFORMATION Name of Physician _____Phone ____ Address _____Phone _____ Hospital Dentist (for dental emergencies) _____Phone _____ Membership No. Name of Medical Insurance Coverage _____ 1. Does your child need special accommodations (such as special needs, ADHD, physical disability, etc.)? Υ 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: _____ has had a health examination 1. This certifies that (child's name) 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. Lunderstand that no MCC staff can or will dispense any kind of medication to my child. 5. Lunderstand that a late registration fee of \$25.00 will be assessed for any registration forms accepted after Friday, May 8, 2020 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. 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. Lunderstand that reasonable efforts are being made to ensure the safety of my child. However, Lagree 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. 10.1 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. 14.1 understand a membership fee of \$40.00 is required annually and is good for all center programs. (This fee is non-refundable) 15.1 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.

Signature

Date

Please Sign & Return ____

Print Name

MOILIILI COMMUNITY CENTER

Registration Form 253
2020 Ho
(1 Form Per Child)

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 8, 2020	
Program Details:	Payment Options: Payment in Full \$ 450.00
June 4-July 2; 12:00-5:30pm	(Due in full or as notated) OR
Monday through Friday; except June 11(Holiday)	Due Upon Registration \$ 150.00
Pack a lunch & drink daily for your child	Due on May 15 \$ 150.00
Lunch orders are available for advance purchase	Due on May 29 \$ 150.00
❖ Afternoon snacks are NOT provided if held at Jefferson Membership Fee (\$40.00) \$	
If program enrollment is <u>under 50 students, program will be held at MCC</u> Late Registration Fee (\$25.00) \$	
Program will be held at Jefferson if enrollment is 50 or mor	
PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY! PRINT IN BLACK INK ONLY	
1. Child's Name:	Birth Date:// Gr
Last Name, First Name Middle Nicknam	
2. Address:	Zip Code Home Phone
, ,	C Mala Famala
3. School:	
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



MOILIILI COMMUNITY CENTER Jefferson Half-Day Care

Registration deadline is Friday, May 8, 2020







Is your child enrolled in Jefferson's 2020 Summer School Program? Are you looking for child care after the summer school day ends?

If you answered yes to both questions, MCC's Half-Day Summer Smiles Program may be what you're looking for. Homework (if any) will be the first priority of the day. After homework is completed, your child will have an opportunity to participate in various activities including arts & crafts, indoor & outdoor games and much more. Excursions will be planned. Attend our Parent Orientation Night for more information.

Dates:

June 4-July 2, 2020

Time:

12:00-5:30pm

Cost:

\$450.00 (A membership fee is required; payment options are available)

Location:

Jefferson Cafeteria (Provided 50 or more students enroll)

OR

Moiliili Community Center (If enrollment is under 50 students) Transportation service to MCC will be provided at no additional cost.

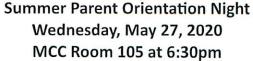
Parents will need to pickup their child from MCC.

Registration Information:

1. Must be registered with Jefferson's Summer School Program

2. Some restrictions may apply

3. Pack a nutritious lunch & drink(s) daily (Lunch orders are normally available for advance purchase)



For more information, feel free to contact our main office at (808) 955-1555.