

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.
5. I understand 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. 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

Registration Form
2020
(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 8, 2020

Program Details:

- ❖ June 4-July 2; 12:00-5:30pm
- ❖ Monday through Friday; except June 11(Holiday)
- ❖ Pack a lunch & drink daily for your child
- ❖ Lunch orders are available for advance purchase
- ❖ Afternoon snacks are NOT provided if held at Jefferson

Payment Options:

(Due in full or as notated)

____ Payment in Full \$ **450.00**

OR

____ Due Upon Registration \$ **150.00**

____ Due on May 15 \$ **150.00**

____ Due on May 29 \$ **150.00**

Membership Fee (\$40.00) \$ _____

Late Registration Fee (\$25.00) \$ _____

TOTAL \$ _____

If program enrollment is under 50 students, program will be held at MCC

Program will be held at Jefferson if enrollment is 50 or more

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



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)



Summer Parent Orientation Night

Wednesday, May 27, 2020

MCC Room 105 at 6:30pm



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

2535 South King Street; Honolulu, HI 96826 / Main Office Hours: Monday-Friday; 8:00 a.m.-5:00 p.m.
Phone: (808) 955-1555 / Website: www.moiliilicc.org