

PROJECT HOLOMUA REGISTRATION

FALL WINTER SPRING SUMMER IN-SCHOOL AFTER-SCHOOL

Kualoa-He'eia Ecumenical Youth (KEY) Project
47-200 Waihe'e Road
Kane'ohe, HI 96744
808-239-5777

Child's Name _____
LAST FIRST MI

Age ____ Grade ____ Birth date _____ Gender: M / F T-Shirt Size _____ Ethnicity _____

Home Address _____
STREET CITY ZIP

Mailing Address _____
STREET CITY ZIP

Home Phone _____ School _____

Mother's/Guardian's Name _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

Father's/Guardian's Name _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

Best Email Contact: _____

PICK-UP AUTHORIZATION

My child has my permission to walk home and and/or catch the City Bus from KEY Project.

Name of person(s) authorized to pick-up my child:

1. _____ Phone _____
Name (first & last) Relationship

2. _____ Phone _____
Name (first & last) Relationship

AUTHORIZATION STATEMENT

I, _____, hereby authorize my child, _____, to
Name of Parent/Guardian Name of Child
participate in the above specified Project Holomua Program. I hereby verify all information presented on this document to be true and accurate.

Signature of Parent/Guardian

Date

Office Use:

INI:	DATE:	PD / DN / TA / NA
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PARENT AGREEMENT

Initial

I understand that every effort is being made to ensure the safety of my child, and I hereby agree not to hold KEY Project, its Board of Directors, or any of its staff responsible for any accidents or injuries my child may incur while in the care of Project Holomua.

Initial

In the case of an emergency where I am unable to be contacted, I hereby authorize KEY Project personnel to contact 911 and allow emergency services to provide all medical care deemed necessary by the personnel of the medical facility. I also hereby agree not to hold KEY Project responsible for any and all charges I may incur therein.

Initial

If my child will be absent, I hereby agree to notify KEY Project (either by phone or in writing) BEFORE 8:00 a.m. on the day of the absence.

Initial

I understand that the program ends promptly at 2:00 p.m. Monday – Friday. If I am going to be late, I hereby agree to notify KEY Project either by phone or in writing to make arrangements for late pick-up.

Initial

I understand that if I am late, for whatever reason, KEY Project may assess a charge of \$10 for the first fifteen minutes of my tardiness and \$1 for every minute thereafter. If I am late, I hereby agree to pay all late fees.

Initial

Unless I have given express permission for my child to walk home and/or catch the City Bus, I hereby agree to sign-out my child everyday—no exceptions. I understand that if my child is not signed-out, for whatever reason, KEY Project reserves the right to terminate my child's enrollment in Project Holomua.

Initial

I understand that all photos taken during the program will remain the property of KEY Project to be used for publicity purposes only and not for profit. I hereby assure that no further claims will be made by me.

Initial

I understand that KEY Project reserves the right to terminate my child's enrollment for any breach of this contract or for any other reason KEY Project deems termination necessary.

Initial

I hereby give my child permission to attend and participate in all activities conducted by Project Holomua, a program of KEY Project. Activities include van and school bus transportation, off-site excursions, aquatics, and enrichment activities.

Print Child's Name

Print Father's/Guardian's Full Name

Father's/Guardian's Signature

Date

Print Mother's/Guardian's Full Name

Mother's/Guardian's Signature

Date

Emergency Card

(PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK)

Child's Name _____
LAST FIRST MIDDLE

Age _____ Birth Date ____ / ____ / ____ Grade _____ Gender: M / F Home Phone _____

Home Address _____
STREET CITY ZIP

Mailing Address _____
STREET CITY ZIP

Mother's/Guardian's Name _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

Father's/Guardian's Name _____ Home Phone _____

Cell Phone _____

Employer _____ Work Phone _____

Emergency Contacts:

1. _____ Phone _____
Name (first & last) Relationship

2. _____ Phone _____
Name (first & last) Relationship

Physician _____ Phone _____

Medical Coverage: Yes No Name of Provider: _____

My child receives regular care for the following medical condition(s):

Medication my child takes regularly: _____

Dosage and frequency: _____

My child is allergic to (list all):

Food _____

Medicine _____

Other _____

C/O: Kualoa-He'eia Ecumenical Youth (KEY) Project
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Parent's/Guardian's Signature

Date