

21st Century Community Learning Centers
Afterschool Enrichment Program
Honokaa High & Intermediate School
SY 2017-2018, Forth Quarter 4/02/18 to 5/18/18



Supply Fee is \$20.00 per Quarter, checks made to "Friends of the Future"
Scholarships Available - You must register for classes to participate!

days	class	room	times	teacher	fee	choice
Mon thru Friday	Strength & Condition All grades	Weight room	3:00 to 4:30	Justyn Carvalho	\$20.00	
Wed & Thurs	Dance It Out all grades	W101	3:45 to 4:45	Darya Ives	\$20.00	
Thurs	Science/Astronomy grades 10 - 12	E-13	2:30 to 4:00	Alison English	\$20.00	
Tues & Thurs	Line Dancing open to all ages	Auditorium	5:30 to 7:30	Pauline Dias	\$20.00	
Tuesday	Air Brush Grades 7 - 12	Auto Shop	3:45 to 5:00	Jo Sabado	\$20.00	

Students Legal Name: _____

School: _____ Grade: _____ Gender: Male/Female

Ethnicity: _____ Language spoken at home: _____

Need or Concern: _____

Do you qualify for Free/Reduced Lunch?: YES/NO

Parent/Guardian (1) Full Name: _____ Cell Phone: _____

Parent/Guardian (2) Full Name: _____ Cell Phone: _____

Physical Address: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

Email: _____

Please fill out back!

Emergency Information

Health insurance: Yes or No QUEST Medicaid HMSA KAISER TRICARE UHA OTHER _____

Primary Doctor's name: _____ Medical condition: _____

Medications: _____

EMERGENCY CONTACTS: If a child becomes ill or is injured while attending the afterschool program and parent/guardian cannot be contacted, the following people have permission to be contacted and released to:

Name	Relationship	Phone (1)	Phone (2)
1. _____			
2. _____			

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for staff to take appropriate action for the safety and welfare of my child.

Parent/Guardian Signature: _____ **Date:** _____

Photos are taken occasionally and may be posted on the website/Facebook page of Baby STEPS to Stronger Big Island Families. Children and parents will not be identified by name.

Consent given to take photos of child: Yes or No **Parent initials:** _____

(Text Messaging through Remind will be used to communicate with parents)

Return to PO Box 6376, Kamuela HI 96743 or Honokaa School office
Any questions call Chelsea LaFrance (808)937-0768 or email cching006@gmail.com

Scholarships available to those who qualify for free/reduced lunch, inquire with Chelsea
Make CHECKS for Supply Fee payable to Friends of the Future
www.babystepshawaii.org