



**21st Century Community Learning Centers**  
 Afterschool Enrichment Program  
 Honokaa High & Intermediate School  
 SY 18-2019, Forth Quarter **4/1/19 to 5/17/18**  
**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	3:15 to 5:00	Justyn Carvalho	\$20.00	
Monday	Science/Astronomy grades 10 - 12	E-13	2:30 to 5:30	Alison English	\$20.00	
Tues & Thurs	Line Dancing open to all ages	Auditorium	5:30 to 7:30	Pauline Dias	\$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: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**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 after school 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: \_\_\_\_\_  
 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](http://www.babystepshawaii.org)