



**21st Century Community Learning Centers**  
 Afterschool Enrichment Program  
 Honokaa High & Intermediate School, SY 2017-2018  
 First Quarter **08/21/17 to 10/06/17**

**Transportation is available to Waimea**

**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
<b>Mon &amp; Wed</b>	Hō`ala Na Mamo, Youth Leadership grades 8 to 12	E-6	2:30 to 4:30	Anakala Lanakila	\$20.00	
<b>Mon thru Friday</b>	Strength & Condition	Weight room	3:00 to 4:30	Justin Carvalho	\$20.00	
<b>Tues &amp; Thurs</b>	Science/Astronomy grades 10 - 12	E-13	2:30 to 5:30	Alison English	\$20.00	
<b>Tues &amp; Thurs</b>	Agriculture grades 7 -12	School Farm	2:30 to 4:30	Jennifer Holani	\$20.00	
<b>Tues &amp; Thurs</b>	Line Dancing open to all ages & adults	Auditorium	5:30 to 7:30	Pauline Dias	\$20.00	
<b>Tues &amp; Thurs</b>	Hula `Aiha`a, understanding hula traditions grades 6 to 12	E-6	2:30 to 4:00	Anakala Lanakila	\$20.00	
<b>Tues &amp; Thurs</b>	Dance It Out, all grades	W101	3:45 to 4:45	Darya Ives	\$20.00	

Busses will be provided on Tuesday & Thursday's leaving campus at 5:00pm  
 Stops will include: Lakeland, Anuenue Park & Ouli Ekahi

Bus: YES or NO

Students Legal Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male/Female

Ethnicity: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Need or Concern: \_\_\_\_\_ Do you qualify for TANF?: 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: \_\_\_\_\_

## 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](mailto:cching006@gmail.com)

**Deadline to register: August 17, 2017 – classes have a size limit, first come first serve basis for enrollment**

Scholarships available, inquire with Chelsea

**Make CHECKS for Supply Fee payable to Friends of the Future**

[www.babystepshawaii.org](http://www.babystepshawaii.org)