

21st Century Community Learning Centers

Afterschool Enrichment Program

Paaulo School, SY 2017-2018

First Quarter **08/21/17 to 10/06/17**

Supply Fee is \$20.00/\$10.00 per Quarter, checks made to "Friends of the Future"

You must register for classes to participate!



days	class	room	times	teacher	fee	choice
Monday & Friday	Physical Activity all grades	Gym	2:30 to 3:30	Mr. Ayat	\$20.00	
Monday & Thursday	Art all grades	A 1	2:30 to 3:30	Ms. Jose	\$20.00	
Monday & Thursday	Computer Science grades 3 -9	P 1	2:30 to 3:30	Miss Ota	\$20.00	
Monday & Tuesday	Homework Club grades 3, 4 & 5	B 6	2:30 to 3:30	Ms. Heppe	\$20.00	
Monday & Wednesday	Hō`ala Na Mamo, Youth Leadership grades 8 to 12 @ Honokaa High School	to be announced	2:30 to 4:30	Anakala Lanakila	\$20.00	
Mon, Tues & Thursday	Reading w/ Technology grades 2 to 6	A 2	2:30 to 3:30	Ms. Hirae	\$20.00	
Tuesday	Brain Games grade 3 to 9	C 8	2:30 to 3:30	Ms. Frost	\$10.00	
Tuesday & Friday	Computer Science grades K-2	Computer lab	2:30 to 3:30	Miss Ota	\$20.00	
Thursday	Garden	Garden	2:30 to 3:30	Ms. Brown	\$10.00	
Tuesday & Thursday	Wood Shop grades 6 to 9	Shop	2:30 to 4:30	Mr. Mendes	\$20.00	
Tuesday & Thursday	Drama all grades	A 1	2:30 to 4:00	Ms. Goldman	\$20.00	
Tuesday & Thursday	Line Dancing open to all ages & adults @ Honokaa High School Auditorium	HHIS auditorium	5:30 to 7:30	Ms. Dias	\$20.00	
Tuesday & Thursday	Hula `Aihā`a grades 6 to 12 @ Honokaa High School	to be announced	2:30 to 4:00	Anakala Lanakila	\$20.00	
Thursday	Brain Games Grades k - 2	C8	2:30 to 3:30	Ms. Frost	\$10.00	

Students Legal Name: _____

School: _____ Grade: _____ Gender: Male/Female

Ethnicity: _____ Language spoken at home: _____

Enrolled in A+: YES/NO Special Need or Concern: _____

Do you qualify for TANF?: YES/NO

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

Parent/Guardian (2) Full Name: _____ Cell 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 Paauilo School office

Any questions call Chelsea LaFrance (808)937-0768 or email 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