21st Century Community Learning

Waimea Community Summer Enrichment Program 2019

SY 2019-2020 Summer School 6/12/19 – 7/19/19

Session #1 6/12/19 – 6/28/19 $125

Session #2 7/1/19 to 7/19/19 $125

Both Sessions $200

☐ **Session #1** ☐ **Session #2** ☐ **Both Sessions**

Partial day and scholarships available. Call Stasia or Chelsea

Return this page to the KALO office by May 15 or mail to Friends of the Future at PO Box 6376, Kamuela 96743. Notification and class selection will be sent out after registration is received.

Please submit payment with registration form. Make check payable to: **Friends of the Future.**

All students may be dropped off at Kanu O Ka Aina between 7:30am (no earlier than) & 7:45am for breakfast before going to Piko. Lunch and snacks will be provided throughout the day. **All students must be picked up at the end of their last block.**

Students Legal Name:_____ **Date of Birth: _ _ / _ _ / *20*_ _**

School: _____ **Grade for SY 19-20:**_____ **Gender: Male/Female**

Ethnicity:_____ **Language spoken at home:**_____**Qualify for State Assistant: YES / NO**

Special Need or Concern:_____

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 ☐ **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 summer 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:_____No:_____Parent initials: _____

Office Use Only: **Date received:** _____ **Fee collected: $**_____ **Date collected:** _____ **Payment type:**_____

Classes Confirmed: 1._____ **2.** _____ **3.** _____**4.**_____

Waived fee/scholarship approved: Yes: _____ **No:** _____ **Approved by:**