



V.I.P. Registration, January-June 2008

For children currently attending kindergarten through 6th grade. Participants must be registered by parent or legal guardian only. Parent must have a valid Kapolei Membership card. Proof of guardianship is required. Written cancellations must be received prior to registration deadline for a full refund. Mail-in and facsimile will not be accepted.

Participant's Name _____
 Address _____
 Phone _____ Age _____ Date of Birth _____ Sex _____
 Grade in School _____ Preferred Name _____

HOURS/FEES
 (Check all that apply)

Session	Dates	Deadline to Register	6am-2pm	2pm-5pm
Green Track 1	Jan 4-18, 22-24 (no program Jan 21, holiday)	Dec 28	_____ \$126	_____ \$70
Teacher Work Day	Jan 25	Jan 18	_____ \$10	_____ \$5
Red Track 1	Jan 28-Feb 13	Jan 22	_____ \$117	_____ \$65
Blue Track 1	Feb 14, 15, 19-Mar 7 (no program Feb 18, holiday)	Feb 7	_____ \$144	_____ \$80
Yellow Track 1	Mar 10-20, 24, 25, 27, 28 (no program Mar 21 & 26, holidays)	Mar 3	_____ \$117	_____ \$65
Green Track 2	Mar 31-Apr 16	Mar 24	_____ \$108	_____ \$60
Red Track 2	Apr 17-May 7	Apr 10	_____ \$135	_____ \$75
Blue Track 2	May 8-23, 27, 28 (no program May 26, holiday)	May 1	_____ \$126	_____ \$70
Yellow Track 2	May 29-Jun 10, 12-20 (no program Jun 11, holiday)	May 22	_____ \$144	_____ \$80

Weekly Rate (5 consecutive days)	6am-2pm	2pm-5pm	Dates requested
VOK Members	_____ \$55	_____ \$25	_____

Paid: Late fee* \$15 _____ Total Due _____ Date _____ Check # _____ Cash _____ Initial (staff) _____
 *A late fee of \$15 will be applied when registering after the deadline. Late registration will only be accepted on a first come, first served basis, when space is available.

WAIVER

The undersigned understands the potential risks involved in the chosen programs and agrees to hold any instructor/staff and the Villages of Kapolei Association blameless for any and all accidents/injuries that may occur.

Parent/Guardian Signature _____ Date _____
 (continue on back)

EMERGENCY CONTACTS

Parent/Guardian (name) _____ Address _____

Phone: Home _____ Work _____ Other _____

Parent/Guardian (name) _____ Address _____

Phone: Home _____ Work _____ Other _____

Alternate (name) _____ Address _____

Phone: Home _____ Work _____ Other _____

Physician (name) _____ Dispensary _____ Phone _____

AUTHORIZED PICKUPS

The following people are authorized to pick up my child:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDEPENDENT RELEASE

My child may sign himself/herself out: (Check only one. No conditional releases.)

_____ Anytime

_____ At the end of program day

_____ Never

MEDICAL

Medical Conditions: _____

Medications currently being taken: _____

Allergies

Food Allergies _____

Medicine Allergies _____

Other Allergies _____

LIKES/DISLIKES

My child likes _____

My child dislikes _____

PHYSICAL DESCRIPTION

Height _____ Weight _____ Hair color _____ Eye color _____

Distinguishing marks _____