



V.I.P. Registration, June-December 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
Summer Break	Jun 23-Jul 3, 7 (no program Jul 4, holiday)	Jun 16	_____ \$90	_____ \$50
Green Track 3	Jul 8-25	July 1	_____ \$126	_____ \$70
Red Track 3	Jul 28-Aug 14 (no program Aug 15, holiday)	Jul 21	_____ \$126	_____ \$70
Blue Track 3	Aug 18-29, Sep 2-5 (no program Sep 1, holiday)	Aug 11	_____ \$126	_____ \$70
Yellow Track 3	Sep 8-26	Sep 2	_____ \$135	_____ \$75
Teacher Work Day	Sep 26 (included with Yellow 3)	Sep 19	_____ \$10	_____ \$5
Green Track 4	Sep 29-Oct 17	Sep 22	_____ \$135	_____ \$75
Teacher Institute Day	Oct 13 (included with Green 4)	Oct 6	_____ \$10	_____ \$5
Red Track 4	Oct 20-Nov 3, 5-7 (no program Nov 4, holiday)	Oct 13	_____ \$126	_____ \$70
Waiver Day	Nov 10	Nov 3	_____ \$10	_____ \$5
Blue Track 4	Nov 12-26, Dec 1-3 (no program Nov 27 & 28, holiday)	Nov 5	_____ \$126	_____ \$70
Yellow Track 4	Dec 4-19	Nov 26	_____ \$108	_____ \$60
Winter Break	Dec 22, 23, 26-30, Jan 2	Dec 15	_____ \$54	_____ \$30

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 _____