



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# KAIMUKI-WAIALAE YMCA

## Wilson School: After Summer School Program

Enroll your child at the Y for summer so they can continue to *discover, grow and thrive!*

**Registration Information:**

Register in person at the Y. Register early to avoid late registration fee.

**Confirmation and Program Information:**

Parent handbook will be sent to confirm enrollment and provide details/program information.

**Payment/Cancellation Policy:**

Payment must be made prior to the start of program. A \$20 fee will be applied for any checks or credit card payments returned from your financial institution due to insufficient funds. Should you need to make changes to your child's registration, call the Y as soon as possible. Cancellations must be made in writing and received prior to the start of program. Cancellation of summer program: \$50 of your payment is non-refundable. No refunds once program starts.

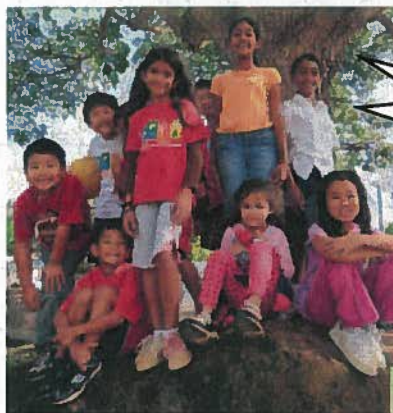
**Program Fee: \$480**

**Program Dates: June 4-July 13, 2012. No Program on June 11 (Kamehameha Day) and July 4 (Independence Day)**

**Program Hours: 12:00-6:00pm. Auto-line pick up is from 5:00-6:00pm.**

**Lunch and Snack:** Please pack non-perishable lunch and snacks. Refrigeration and/or warming up of food not provided. The Y highly recommends sending in nutritious lunch and snacks.

**Financial Assistance:** The Y is able to provide financial assistance to those in need. Drop by our office to apply. Financial assistance will be award based on availability of funds.



**Register Early!  
Spaces are limited!**

**Family Fitness  
Membership gets  
20% off!**



### **Kaimuki-Waialae YMCA**

**4835 Kilauea Avenue  
Honolulu, Hawaii 96816  
Phone: 737-5544**

**Office Hours:  
Monday-Friday 7:00am-6:00pm  
Saturday 8:30am-12:30pm**



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**KAIMUKI-WAIALAE YMCA  
2012 Wilson After Summer School**

**PARTICIPANT'S INFORMATION (Please Print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Child resides with: \_\_\_\_\_

**FAMILY INFORMATION / EMERGENCY CONTACT / AUTHORIZED PICK-UP INFORMATION (Please Print)**

Mailing Address (Number/Street): \_\_\_\_\_  
 Mother or Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Employer : \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Father or Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Employer : \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

In addition to the Parents/Guardians, the following people are authorize to pick-up my child and/or in an emergency.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PLEASE NOTE: Staff will only release participants to authorized pick-up/emergency contacts with picture I.D.**

**OTHER INFORMATION (Please Print)**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Choice of Hospital: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Current Medications (any medication that is to be taken during day camp must be turned in to Site Director on 1st day of each session in its original container bearing the current label.)  
 \_\_\_\_\_  
 Special Considerations (eg. Chronic physical conditions or pertinent development issues) / Restrictions: \_\_\_\_\_  
 \_\_\_\_\_

**Permission (Please initial for agreement and sign to verify that you have read section below.)**

- \_\_\_\_\_ I herby give permission for my child to participate in the scheduled YMCA Summer Program excursions and special events held outside the YMCA.
- \_\_\_\_\_ I herby give permission for my child to view "G" or "PG" movies when scheduled as an activity.
- \_\_\_\_\_ I authorize the YMCA to use video and/or photographs of my child. I agree that the video and/or photographs become exclusive property of the YMCA and may only be used by the YMCA.
- \_\_\_\_\_ In event of a medical emergency, if neither the parent/guardian or emergency contact persons can not be promptly reached, I authorize the YMCA staff to take my child to the nearest medical facility for care.

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_