

# Summer Program Registration Form

---

Student's First/Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work/Cell phone: \_\_\_\_\_

**\*\*Please list down any allergies/medical conditions staff needs to know\*\***

Allergies/Medical Concerns:   
---

**Emergency Contacts:**

Name	Relationship	Phone
1. _____		
2. _____		

List of people who are authorized to pick up your child?(If your child is authorized to walk home, you must fill out a different form).

1. _____	Relationship: _____
2. _____	Relationship: _____

\*\*\*ABSENT: If you are absent or know that your child will not be attending the Summer Program that day, Please send a text/call to Kumu T at (808)631-8271 \*\*\*

\*\*\*LATE PICK UP: After 1:35p you are considered a late pick up and will have to pay \$1 every minute you're late (per child) \*\*\* Please contact Kumu Tita at (808)631-8271 if you are going to be late\*\*\*

I, \_\_\_\_\_ (parent/guardian name) hereby certify the best of my knowledge that the information is true and accurate. I have read over the Summer program behavior plan and am aware that these are the actions that will be used to create a safe environment for your child and other students that attend.

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