

GRADES
K-6

JUNE 3-JULY 26

MOILIILI COMMUNITY CENTER

Summer Smiles Program 2024

REGISTRATION DEADLINE IS FRIDAY, MAY 10, 2024

REGISTRATION FORMS ARE AVAILABLE AT THE MCC OFFICE OR ON-LINE AT WWW.MOILIILICC.ORG



Arts & Crafts



Physical Activities

Learning is Fun



Japanese Language

And much more...



2535 SOUTH KING STREET; HONOLULU, HI 96826

MAIN OFFICE HOURS: MONDAY-FRIDAY; 8:00 A.M.-5:00 P.M.

PHONE: (808) 955-1555 / WEBSITE: WWW.MOILIILICC.ORG



A WIDE VARIETY OF EDUCATIONAL & ENRICHING SUMMER ACTIVITIES!



Learn Japanese: Depending on the enrolled, Japanese language basics will be taught through speaking, writing and interactive activities.



Learning is Fun: Simple educational activities to keep your child engaged and entertained!



GROUP ACTIVITIES: Planned by our staff to meet the needs of each particular age group. Group time encourages development of social skills; such as teamwork, cooperation and sportsmanship through a wide array of activities including games, track & field, dance, etc.



Just For Fun: Designed to keep your child engaged in activities such as science, face painting, wacky hair, kite flying, etc.



Arts & Crafts: To awaken and stimulate young, creative minds.



HOLIDAYS: June 11th & July 4th
(MCC CLOSED-NO PROGRAM)



SUMMER SMILES 2024
For Office Use Only
 Date Rec'd _____
 Initial _____
ONE (1) COPY PER CHILD

Moiliili Community Center
 2535 South King Street, Honolulu, Hawaii 96826
 Phone: (808) 955-1555 Fax: 945-7033
 PRINT IN BLACK INK ONLY
FULL-DAY 2024

For Acctg. Use Only
 Date Rec'd _____
 Initial _____
 Accounting _____

Please fill in the following information completely. **Print legibly in black or blue ink ONLY.**

Registration Deadline is Friday, May 10, 2024

Registrations received **AFTER FRIDAY, MAY 10** will be assessed a \$25.00 late registration fee provided space is available in your child's appropriate age group.

Child's Name _____ Home Phone _____

Address _____

Street Apt. # City Zip Code

Father's Name _____ Office Ph. _____ Cell _____

Mother's Name _____ Office Ph. _____ Cell _____

Full-Day registration must be for a minimum of **three (3) consecutive weeks \$975.00**

Program Location: Moiliili Community Center

Program Hours: 7:00 A.M. - 5:30 P.M.

Eight (8) Week Package

June 3—July 26, 2024

___ \$2,470.00 Payment in Full

OR

___ \$625.00 Upon Registration

___ \$625.00 2nd payment

___ \$625.00 3rd payment

___ \$625.00 4th payment

\$2,500.00 Total

Six (6) Week Package

split/minimum 3 consecutive weeks

___ \$1,885.00 Payment in Full

OR

___ \$478.75 Upon Registration

___ \$478.75 2nd payment

___ \$478.75 3rd payment

___ \$478.75 4th payment

\$1,915.00 Total

Four (4) Week Package

split/minimum 3 consecutive weeks

___ \$1,235.00 Payment in Full

OR

___ \$316.25 Upon Registration

___ \$316.25 2nd payment

___ \$316.25 3rd payment

___ \$316.25 4th payment

\$1,265.00 Total

Payments Due: Friday May 10th (2nd payment), Friday May 17th (3rd payment), Friday May 24th (Final payment)



PROGRAM FEE \$ _____
 Membership Fee (non-refundable) \$50.00 \$ _____
 Late Registration Fee \$25.00 \$ _____
 SUB-TOTAL \$ _____
 PAYMENT/LESS DEPOSIT \$ _____

TOTAL DUE \$ _____

SUMMER SMILES 2024

For Office Use Only

Date Rec'd _____

Initial _____

Moiliili Community Center

2535 South King Street, Honolulu, Hawaii 96826

Phone: (808) 955-1555 Fax: 945-7033

PRINT IN BLACK INK ONLY

For Acctg. Use Only

Date Rec'd _____

Initial _____

Accounting _____

1 COPY PER CHILD

Deadline to register is Friday, May 10, 2024

___ 4 WEEKS ___ 6 WEEKS ___ 8 WEEKS: June 3-July 26

___ Other dates: _____

Minimum requirement of three (3) consecutive weeks \$975.00

Child's Name: _____ Birth Date: ____/____/____ Gr. _____
Last First Middle In.

Address _____ Home Phone: _____
Number & Street Apt.# City Zip Code

School _____ Age: _____ Male: ___ Female: ___

Father's Name _____ Primary Phone: _____

Father's Address: _____ Email: _____

Mother's Name _____ Primary Phone: _____

Mother's Address: _____ Email: _____

At the end of the day, my child will:

Walk Home: _____ Time: _____ Bus Home: _____ Time: _____ Be picked up: _____ Time: _____

NAMES OF PERSONS/AGENCIES TO BE CONTACTED IF PARENT CANNOT BE REACHED

1. _____
Name / Relationship Address Phone Number

2. _____
Name / Relationship Address Phone Number

NAMES OF PERSONS/AGENCIES TO BE CONTACTED IF PARENT CANNOT BE REACHED:

Name _____ Relationship to Child _____

Address _____ Phone Number _____

Name _____ Relationship to Child _____

Address _____ Phone Number _____

PERSONS AUTHORIZED TO PICK-UP MY CHILD BESIDES PARENTS:

Name _____ Relationship to Child _____

Address _____ Phone Number _____

Name _____ Relationship to Child _____

Address _____ Phone Number _____

HEALTH INFORMATION

Name of Physician _____

Address _____ Phone Number _____

Hospital _____ Phone Number _____

Dentist (For Dental Emergencies) _____ Phone Number _____

Name of Medical Insurance Coverage _____ Membership No. _____

SPECIAL HEALTH INFORMATION (Fill out information completely)

Limitations that may hinder child's participation (such as special needs, ADHD, physical disability, etc.): Y__N__

Explain: _____

Special requirements or conditions (such as special medications, diet, etc.): _____

Allergies, if any (such as to foods, drugs, insect bites, etc.): _____

Unusual fears (such as water, darkness, animals, etc.): _____

Other personality characteristics which may be helpful for staff to know: _____

Date of last tetanus shot: _____ TB Clearance Date: _____

1. This certifies that _____ (Child's Name) has had a health examination within the current year and that his/her general health permits participation in all activities.
2. I consent to the Moiliili Community Center (MCC) staff to take appropriate action for the safety of my child. (NOTE: Staff will first try to contact you. If unable to reach you, staff will contact the person/agencies listed on the front of this form. In the event of an emergency, an emergency unit will be contacted first, with a call to others thereafter.)
3. I consent to the above listed physician, dentist, and hospital or other emergency unit to provide all necessary emergency care.
4. I understand that no MCC staff can or will dispense any kind of medication to my child. Epi-pen excluded.
5. I give consent for my child to participate in all excursions for whichever program he/she is registered for at MCC.
6. If a photograph(s)/video of my child is taken while he or she is participating in a MCC program activity, I authorize MCC to display or publish any such photograph (but without identifying my child by name) in any report or promotional materials by MCC concerning its program activities.
7. I UNDERSTAND THAT IT IS MY SOLE RESPONSIBILITY TO NOTIFY MCC OF ANY CHANGES REGARDING THIS REGISTRATION FORM (i.e. address, telephone numbers, physician, etc.)
8. I understand that reasonable efforts are being made to ensure the safety of my child. However, I agree to hold MCC harmless for any accidents or injuries which might occur while my child is at or under the care of MCC.
9. I understand that it is my responsibility to notify MCC whenever my child will be late or absent from the program before 8:30 a.m. Messages may be left with office personnel or on the answering machine 24 hours a day, 7 days a week. If I fail to notify MCC, I agree to pay \$10.00 to MCC.
10. I UNDERSTAND PAYMENTS ARE DUE ON OR BEFORE THE DUE DATE SPECIFIED.
11. I understand that refunds will be given only if my child is terminated seven (7) days before the first day of the program minus a \$25.00 service charge. Thereafter, no refunds will be given and absolutely no refunds will be given if my child is sick or absent from the program.
12. I understand that the program ends promptly at 5:30 p.m. If I pick-up my child later than 5:30 p.m., I understand a late pick-up fee of \$5.00 for every 15 minutes (or a fraction thereof) PER CHILD will be assessed.
13. I understand any returned checks will be charged a \$25.00 fee.
14. I understand a membership fee of \$50.00 is required annually and is good for all center programs for my immediate family. **(This fee is non-refundable)**
15. I HAVE RECEIVED AND READ THE PARENT INFORMATION BOOKLET AND UNDERSTAND AND AGREE TO ALL THE INCLUDED PROGRAM POLICIES.
16. If I should bring a lawsuit or claim against MCC, and MCC is required to incur expenses in defending itself, and if MCC prevails, I am responsible for MCC's attorney's fees, court cost and related expenses.

The use of "I" includes myself, personal representatives, executor, heirs or assigns.

Please Sign & Return _____

PARENT/GUARDIAN SIGNATURE

DATE

REGISTER



1. COMPLETE THE FULL-DAY APPLICATION AND INFORMATION SHEETS.
2. Summer registration requires a MINIMUM ENROLLMENT OF THREE (3) CONSECUTIVE WEEKS for the full-day program.
3. PAYMENT (IN FULL OR A DEPOSIT) IS REQUIRED FOR ALL REGISTRATIONS.
4. REGISTRATION DEADLINE IS FRIDAY, MAY 10, 2024.
Registrations turned in after May 10, 2024 will be assessed at a \$25.00 late fee provided space is available in your child's appropriate age group.
5. REFUNDS will be allowed for cancellations made one week (7 consecutive days) before the program begins, minus a \$25.00 service charge.
6. AN ANNUAL MEMBERSHIP IS REQUIRED AND ALLOWS YOU & YOUR IMMEDIATE FAMILY ACCESS TO ALL MCC PROGRAMS. THIS \$50.00 FEE IS NON-REFUNDABLE.
7. Mail, submit online, or bring in the completed forms (with payment) to:
Moiliili Community Center
2535 South King Street Honolulu, HI 96826
8. If mailing in your payment, please enclose a check or money order. DO NOT SEND CASH. Charge cards are accepted when paying in person at the MCC office or online. CHECKS RETURNED FOR INSUFFICIENT FUNDS WILL BE CHARGED A \$25.00 FEE.
9. Placement in any program at MCC will depend upon space availability in the appropriate age group. Registration is always taken on a first-come, first-served basis along with payment. ABSOLUTELY NO TELEPHONE REGISTRATIONS WILL BE TAKEN.

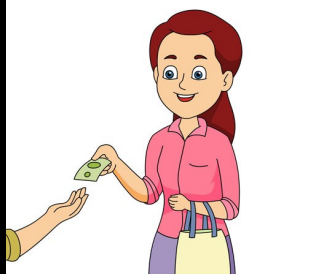


NOTIFICATION OF CHILD'S ABSENCE

TO ENSURE THE SAFETY AND ACCOUNTABILITY OF ALL THE CHILDREN, MOILIILI COMMUNITY CENTER REQUIRES THAT PARENTS NOTIFY THE MCC OFFICE AT 955-1555

(BEFORE 8:30 A.M.) WHEN

YOUR CHILD WILL BE ABSENT OR LATE TO THE PROGRAM. If you're unable to speak with one of our office staff, please leave a message on the answering machine. IF YOU DO NOT CALL in to MCC to report your child's absence or tardy, a follow-up call will be made to determine the whereabouts of your child. IF THIS FOLLOW-UP CALL IS MADE, you will be assessed a \$10.00 fee.



LATE PICK-UP FEE

A late pick-up fee of \$5.00 FOR EVERY FIFTEEN (15) MINUTES (OR A FRACTION THERE OF) will be assessed PER CHILD for any pick-up after 5:30 p.m.

