

**Pearl City Foundation**  
**PCF Distance Learning Supplemental Program Registration**

Observed holidays (no program):  
 Oct 5-9, Nov 3, Nov 11, Nov 26, 27, Dec 21-31  
 Last day to register- September 25, 2020

Send registration and payment to: <b>Pearl City Foundation</b> P.O. Box 114 Pearl Citv. HI 96782
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Participant's Last Name		First Name		Birthdate		Gender M / F	
Mailing Address				City		State/Zip	
Daytime Phone #		<b>EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS</b>		Child resides with: Father _____ Mother _____ Both Parents/ Other: _____			
<input type="checkbox"/> New enrollment <input type="checkbox"/> Returning Student							
Current Grade 2020-2021		School Name		Allergies/Medical Conditions/Other Special Concerns			
Physician		Physician Phone		Medical Ins. Carrier		Choice of Hospital	
Mother/Legal Guardian's Name				Cell Phone #		Work Phone #	
Father/Legal Guardian's Name				Cell Phone #		Work Phone #	
In addition to the parents/legal guardians, I authorize the following people to pick up my child and/or be contacted in an emergency if the parent/legal guardian cannot be contacted. Attach additional sheet if needed.							
Name/ Relation		Phone		Name/ Relation		Phone	
Name/ Relation		Phone		Name/ Relation		Phone	

<b>PROGRAM OPTIONS</b>		
	<b>OCTOBER PROGRAM:</b> Octoer 1-2, 12-30, 2020, 7:00am-5:30pm \$35 x ___ days =	\$ _____
	<b>OPTIONAL CATERED LUNCH</b> Monday- Friday @ \$5/each day attending, no ala carte orders.	\$ _____
	<b>TOTAL</b>	\$ _____

<b>OCTOBER 2020</b>				
MONDAY	TUESDAY	WED	THURS	FRIDAY
Circle dates			1	2
<b>FALL BREAK</b>				
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

**PAYMENT OPTIONS:**

**CHECK or CASHIERS CHECK** for full amount. Return check fee: \$25

**CREDIT CARD:**

An invoice will be emailed to you and online payment must be made within 10 days of invoice date to ensure enrollment. Email required.

Questions? Contact Naomi (Program Director) at 456-2073 or email  
 pearlcityfoundation@gmail.com

**Medical & Video-Photo Waiver/Release**

In case of accident or need for medical attention, I hereby give permission to Pearl City Foundation, its employees, agents or assigns to have my child taken to the nearest emergency medical facility for medical care. I further agree to pay any and all such medical expenses, costs and other charges and to release, discharge and hold harmless Pearl City Foundation, its officers, employees, agents and assigns from and against any liability or any claims or demands arising from or connected with such medical care.

I hereby give my child permission to attend and participate in the activities conducted by PCF's program. These activities include aquatics, off-property excursions, bus transportation, and enrichment activities. I hereby defend, hold harmless, indemnify, release Pearl City Foundation and all its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury and/or death arising from my child's participation in any Pearl City Foundation programs

I hereby authorize PCF to use to my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relation programs. No further claims will be made by me.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_