

**Pearl City Foundation in partnership with
D.O.E. Pearl City/Waipahu Learning Hub
Childcare Program Registration**
Observed holidays (no program): January 4 & 18, 2021
Last day to register- December 28, 2020

Send registration and
payment to:
Pearl City Foundation
P.O. Box 114
Pearl City, HI 96782

Participant's Last Name		First Name		Birthdate	Gender M / F
Mailing Address			City	State/Zip	
Daytime Phone #	EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS				
IF OTHER, WHO:					
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		Company/ Work Phone #	Cell Phone #		
Father/Legal Guardian's Name		Company/ Work Phone #	Cell 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		

JANUARY 2021- PROGRAM OPTIONS <i>January 5-29, 2021</i>	
Pearl City/Waipahu Learning Hub sponsored by D.O.E. 8:00am-12:00pm	FREE
PCF Morning Care 7:00am-8:00am \$10 x _____ days=	\$ _____
PCF After Care 12:00pm- 5:30pm \$25 x _____ days=	\$ _____
OPTIONAL CATERED LUNCH Monday- Friday @ \$5/each day attending, no ala carte orders.	\$ _____
TOTAL	\$ _____

JANUARY 2021				
MONDAY	TUESDAY	WED	THURS	FRIDAY
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29
Check dates needed				

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.

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 _____

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

Office Use: Date Rcvd: _____ Input _____ Conf Ltr _____ Pymnt Type _____ Amt: _____ Ck/#/CC Inv # _____