

Send registration and payment to:  
**Pearl City Foundation**  
P.O. Box 114  
Pearl City, HI 96782  
Return check fee: \$25

**Pearl City Foundation**  
Summer Fun Days 2019 Registration  
Last day for registration: May 20, 2019  
Observed holidays (no program): June 11 and July 4, 2019

**Office Use:**  
Date Rcvd: \_\_\_\_ Input \_\_\_\_ Gr: \_\_\_\_  
Chk # \_\_\_\_ CC inv \_\_\_\_ Amt: \_\_\_\_  
1st Conf. Ltr \_\_\_\_ 2<sup>nd</sup> conf ltr \_\_\_\_ 3<sup>rd</sup> conf ltr \_\_\_\_

Participant's Last Name		First Name		Gender M / F
Mailing Address			City	State/Zip
Daytime Phone #		<b>EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS</b>		
<input type="checkbox"/> New enrollment <input type="checkbox"/> Returning Student		Swimming Ability <input type="checkbox"/> Swims Independently <input type="checkbox"/> Unable to swim		Request more information on <u>swim lessons</u> from Leahi Swim School (max 25 students) <input type="checkbox"/> yes <input type="checkbox"/> no
School attending	Completed Grade as of May 2019	Child resides with: Father _____ Mother _____ Both Parents _____ Other: _____		Birthdate
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.				
<b>Name/Relation</b>	Phone	<b>Name/Relation</b>	Phone	
<b>Name/Relation</b>	Phone	<b>Name/Relation</b>	Phone	

<b>FULL SESSION ALL DAY PROGRAM: DISCOUNT FOR EARLY ENROLLMENT!</b> June 3- August 2, 2019, 6am-6pm <b>\$1300</b> if postmarked by <b>MAY 6, 2019</b> <b>\$1450</b> if postmarked <b>AFTER MAY 6, 2019</b> Includes all field trips and transportation fees	<b>\$1300</b>  <b>OR</b>  <b>\$1450</b>
<b>HALF DAY PROGRAM: 6am-2pm</b> June 3- August 2, 2019 Includes all field trips and transportation fees.	<b>\$1000</b>
<b>OPTIONAL CATERED LUNCH</b> Mon, Tues, Wed, Thurs. (No lunches Fridays), 34 lunches @ \$5/each, no ala carte orders.	<b>\$170</b>
<b>Movie snack pack- "Toy Story 4" (June 21)</b>	<b>\$6.50</b>
<b>Movie snack pack- "Lion King" (July 19)</b>	<b>\$6.50</b>

WEEKLY/DAILY OPTIONS		
June 3 to June 7, 2019, Kapolei Skate Rink		\$ 175
June 10 to June 14, 2019 (no program on June 11), beach		\$ 140
June 17 to June 21, 2019, Toy Story 4 movie		\$ 175
June 24 to June 28, 2019, Honolulu Zoo		\$ 175
July 1 to July 5, 2019 (no program on July 4), TBD		\$ 140
July 8 to July 12, 2019, Ala Moana beach		\$ 175
July 15 to July 19, 2019, Lion King movie		\$ 175
July 22 to July 26, 2019, Summer finale		\$ 175
July 28 9 to August 2, 2019, Chuck E Cheese		\$ 175
<b>Daily rate (M/T/W/TH) \$ 35</b>	<b>FRIDAYS \$45</b>	\$ 35 or \$45/ day
<b>Total Amount \$ _____</b>		

**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 \_\_\_\_\_

**PAYMENT OPTIONS**

**CHECK or CASHIERS CHECK for full amount.**

Return check fee: \$25

**CREDIT CARD:**



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

**OPTIONAL (INSTALLMENT) PAYMENT PLAN:**

**\$500 minimum due with registration per child.** Payable by check or credit card. Remaining balance including any lunch payments due by June 28, 2019.

**QUESTIONS:** Contact Naomi (Program Director) at 456-2073 or email [pearlcityfoundation@gmail.com](mailto:pearlcityfoundation@gmail.com)