

Registrations accepted via email if paying by credit card.
Email to staff.pcf@gmail.com

Pearl City Foundation
Summer Fun Days 2021 Registration
Last day for registration: May 21, 2021
Observed holidays (no program): June 11 and July 5, 2021

Send registration and payment to:
Pearl City Foundation
P.O. Box 114
Pearl Citv. 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			Child resides with: Father _____ Mother _____ Both Parents/ Other: _____		
<input type="checkbox"/> New enrollment <input type="checkbox"/> Returning Student		T-shirt size Youth S M L Adult S M L		Swimming _____ request Leahi Swim lessons info <input type="checkbox"/> Swims independently <input type="checkbox"/> Some swim ability <input type="checkbox"/> Unable to swim			
Completed Grade as of May 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	

Summer Session Options		
<i>Enrollments received with minimum \$500 payment by May 7, 2021- \$100 OFF Full Day or \$50 OFF Half Day Programs!</i>		
FULL SESSION ALL DAY PROGRAM: 6am-6pm Tuesday, June 1- July 30, 2021 Includes all field trips and transportation fees		\$ 1450
HALF DAY PROGRAM: 6am-2pm Tuesday, June 1- July 30, 2021 Includes all field trips and transportation fees.		\$ 1000
OPTIONAL CATERED LUNCH Mon- Fri (No lunches field trip Fridays), 37 lunches @ \$5/each for full summer. Must enroll for all days enrolled, no ala carte orders please.		\$ 185 or \$5 x _____
TOTAL (minus discount if applicable)		\$ _____

WEEKLY/DAILY OPTIONS		
	June 1- June 4, 2021- Bishop Museum	\$ 150
	June 7-10, 2021 (no program on June 11)-on-site activity	\$ 150
	June 14-18, 2021- Kualoa (tentative)	\$ 175
	June 21-25, 2021- on-site activity	\$ 175
	June 28- July 2, 2021- Hawaiian Railway train ride	\$ 175
	July 6-9, 2021 (no program on July 5)- on-site activity	\$ 150
	July 12-16, 2021- Waimea Valley (tentative)	\$ 175
	July 19-23, 2021- on-site activity	\$ 175
	July 26- July 30, 2021- Kualoa Secret Island (tentative)	\$ 175
	Daily rate- List Days, attach separate sheet if needed \$40 M-Th, \$45 Fridays	\$ _____

PAYMENT OPTIONS:

- ___ **CHECK or CASHIERS CHECK** for full amount unless using payment plan. Return check fee: \$25
- ___ **CREDIT CARD:** Invoice will be emailed to you and online payment must be made within 10 days of invoice date to ensure enrollment.
- ___ **OPTIONAL PAYMENT PLAN:** \$500 minimum due with registration per child. Payable by check or credit card. Remaining balance including any lunch payments due by June 30, 2021.

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 # _____