

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

**Pearl City Foundation**  
**Winter Fun Days 2018 Registration**

Last day for registration: Dec 14, 2018

**Closed on Dec 25, 2018 & Jan 1, 2019**

**NOTE: CLOSE AT 2 PM ON Dec 24 & 31, 2018**

**Office Use:** Date Rcvd: \_\_\_\_\_  
 Input \_\_\_\_\_ Conf ltr \_\_\_\_\_  
 Chk # \_\_\_\_\_ Amt: \_\_\_\_\_  
 CC Inv # \_\_\_\_\_ Grade \_\_\_\_\_

Participant's Last Name		First Name		Gender M / F
Mailing Address			City	State/Zip
Daytime Phone		EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS		
<input type="checkbox"/> New enrollment <input type="checkbox"/> Returning Student	Swimming Ability <input type="checkbox"/> Swims Independently <input type="checkbox"/> Unable to swim	Student resides with: Father Mother Both Parents Other: _____		
Current Grade	School	Birthdate		
Allergies/Medical Conditions/Other Special Concerns, Custody Issues, etc.				
Physician	Doctor's Phone Number	Medical Insurance 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.				
Name	Relationship	Cell Phone #	Alternate Phone #	
Name	Relationship	Cell Phone #	Alternate Phone #	

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

<b><u>FULL DAY PROGRAM:</u></b> <b><u>DISCOUNT FOR EARLY ENROLLMENT!</u></b> December 24, 2018- January 4, 2019 <b>6 am to 2 pm Dec 24 &amp; Dec 31, 2018</b> <b>6am-6pm. Dec 26-28, 2018 &amp; Jan 2-4, 2019.</b> Includes field trips <b>\$250 if postmarked by DEC 7, 2018</b> <b>\$260 if postmarked after DEC 7, 2018</b>	<b>\$250</b>  <b>OR</b>  <b>\$260</b>
<b><u>HALF DAY PROGRAM:</u></b> December 24, 2018- January 4, 2019 <b>6am-2pm.</b> Includes field trips	<b>\$220</b>
<b><u>CATERED LUNCH (optional)</u></b> catered lunch from A Catered Experience. Mon, Wed, & Thurs. No catered lunches on field trip days. 6 lunches @ \$5/each	<b>\$30</b>
<b>WEEKLY/ DAILY OPTIONS</b>	
Full Day Weekly: 12/24/18 – 12/28/18 Includes Battleship Missouri field trip. Closed 12/25/18	<b>\$125</b>
Full Day Weekly: 12/31/18-1/4/19 Includes D&B field trip. Closed 1/1/19	<b>\$135</b>
Optional daily rates: <b>circle</b> dates below: (6am-6pm unless noted). Prices are per day.  <b>\$25 (open 6am-2pm) 12/24; 12/31</b>  <b>\$35 (open 6 am to 6 pm) 12/ 26 12/27 1/2 1/3</b>  <b>\$40 12/28</b> field trip- Battleship Missouri tour  <b>\$50 1/4/19</b> Private party at D&B includes lunch buffet & game play card	
<b>Total Amount Due \$ _____</b>	

**PAYMENT OPTIONS**

\_\_\_\_\_**CHECK OR CASHIERS CHECK for full amount**

\_\_\_\_\_**CREDIT CARD:** 

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

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