

Registrations accepted via email if paying by credit card.

Email to **staff.pcf@gmail.com**



Summer Fun Days 2024 Registration

Last day for registration: May 17, 2024 or until full
Observed holidays (no program): June 12, June 19 and July 4, 2024

Office Use:
Date Rcvd: ____ Payment: ____
Input: ____ Amt: ____
ConfrLTR: ____ CK#/CC#: ____

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: _____		
____ New enrollment ____ Returning Student		Completed Grade as of SY 2024		School Name			
Swimming ____ request Leahi Swim lessons info Can your child swim? Y / N TUESDAY / THURSDAY – FREE SWIM		Rise – Speed & Agility w/ Erin ____ request info WE WILL HAVE HER IN OUR ROTATIONS EVERY WEDNESDAY AS A FUN ACTIVITY		SNACK PACK ____ Juice ____ Water	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		
Multiple sibling discount - \$100 off each child after first child (minimum deposit of \$800 for payment plan option, per child if multiples)		
FULL SESSION ALL DAY PROGRAM: 6am-6pm Monday, June 3, 2024 – Friday, August 2, 2024 Includes all field trips and transportation fees		\$1850
HALF DAY PROGRAM: 6am-2pm Monday, June 3, 2024 – Friday, August 2, 2024 Includes all field trips and transportation fees.		\$1700
OPTIONAL CATERED LUNCH Mon- Fri (No lunches on Friday field trips), 34 lunches @ \$5/each for full summer. NO ALA CARTE ORDERS, CATERED LUNCH IS FOR ALL DAYS ATTENDING EXCEPT FIELD TRIP DAYS		\$ 170 or \$5 x ____
Snack Pack – 06.24.24 – Olino – Inside Out 2		\$8.50
Snack Pack – 08.02.24 – Olino – Harold & the Purple Crayon		\$8.50
TOTAL (minus discount if applicable)		\$

WEEKLY/DAILY OPTIONS		
WK 1 - June 3 – June 7, 2024 - Dave & Busters		\$ 250
WK 2 - June 10 – June 14, 2024 [CLOSED 06.12] - Bayview		\$ 200
WK 3 - June 17 – June 21, 2024 [CLOSED 06.19] - Kroc Center		\$ 200
WK 4 - June 24 – June 28, 2024 - Olino - Inside Out 2		\$ 225
WK 5 - July 1 – July 5, 2024 [CLOSED 07.04] - Aiea Bowl		\$ 200
WK 6 - July 8 – July 12, 2024 - Pups of War Pearlridge		\$ 225
WK 7 - July 15 – July 19, 2024 - Kroc Center		\$ 225
WK 8 - July 22 – July 26, 2024 - Summer Finale		\$ 225
WK 9 - July 29 – Aug 2, 2024 - Olino - Harold & the purple crayon lol		\$ 225
Daily rate- List Days, attach separate sheet if needed.		\$ ____
\$50 M-Th, \$70 Fridays		

Any changes to registration after being invoiced will result in a **\$10.00 fee per change**. Any registrations canceled after billed will result in a **\$75.00 fee**.

PAYMENT OPTIONS:

- ____ **CHECK or CASHIERS CHECK** for full amount unless using payment plan. Return check fee: \$30
- ____ **CREDIT CARD:** Invoice will be emailed to you and online payment must be made within 14 days of invoice date to ensure enrollment.
- ____ **OPTIONAL PAYMENT PLAN:** \$800 minimum due with registration per child. Payable by check or credit card.

Remaining balance including any lunch payments due by June 30, 2024.

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 _____