

Registrations accepted via email if paying by credit card.

Email to

staff.pcf@gmail.com



Summer Fun Days 2025 Registration

Last day for registration: May 16, 2025 or until full
Observed holidays (no program): June 11, June 19 and July 4, 2025

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

Participant's Last Name		First Name		Birthdate		Gender <input type="checkbox"/> M / <input type="checkbox"/> F	
Mailing Address		City			State/Zip		
EMAIL: REQUIRED FOR CREDIT CARD PAYMENTS		School Name		Completed GR - SY 24-25		<input type="checkbox"/> New Enrollment <input type="checkbox"/> Returning Student	
Allergies / Medical Conditions / Other Special Concerns							
Leahi Swim School – FREE SWIM & SWIM LESSONS <input type="checkbox"/> request Leahi Swim lessons info Can your child swim? <input type="checkbox"/> Y / <input type="checkbox"/> N TUESDAY / THURSDAY – FREE SWIM		Rise – Speed & Agility w/ Erin <input type="checkbox"/> request info ERIN (808).343.3553 www.risesoccertraining.com		SNACK PACK <input type="checkbox"/> Juice <input type="checkbox"/> Water If no choice is made, water will be given to the child June 20 – Elio & August 1 – Bad Guys 2			
Physician		Physician #		Medical Ins. Carrier		Choice of Hospital	
Mother/Legal Guardian's Name		Cell Phone #	Work Phone #	Company		Child resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____	
Father/Legal Guardian's Name		Cell Phone #	Work Phone #	Company			
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 an 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)	
<input type="checkbox"/> FULL SESSION ALL DAY PROGRAM: 6am-6pm Monday, June 2, 2025 – Friday, August 1, 2025 Includes all field trips and transportation fees	\$2100
<input type="checkbox"/> HALF DAY PROGRAM: 6am-2pm Monday, June 2, 2025 – Friday, August 1, 2025 Includes all field trips and transportation fees	\$1850
<input type="checkbox"/> OPTIONAL CATERED LUNCH Mon- Fri (No lunches on Friday field trips), 34 lunches @ \$6/each for full summer. NO ALA CARTE ORDERS, CATERED LUNCH IS FOR ALL DAYS ATTENDING EXCEPT FIELD TRIP DAYS	\$204 or \$6 x ____ = \$ _____
<input type="checkbox"/> Snack Pack – 06.20.25 – Olino – Elio	\$10.50
<input type="checkbox"/> Snack Pack – 08.01.25 – Olino – Bad Guys 2	\$10.50
TOTAL (minus discount if applicable)	\$ _____

WEEKLY/DAILY OPTIONS – 6am to 6pm	
<input type="checkbox"/> WK 1 - June 2 – June 6, 2025 – Dave & Busters	\$300
<input type="checkbox"/> WK 2 - June 9 – June 13, 2025 [CLOSED 06.11] – Kroc Center	\$225
<input type="checkbox"/> WK 3 - June 16 – June 20, 2025 [CLOSED 06.19] – Olino - Elio	\$225
<input type="checkbox"/> WK 4 - June 23 – June 27, 2025 – Aiea Bowl	\$250
<input type="checkbox"/> WK 5 - June 30 – July 4, 2025 [CLOSED 07.04] – NO FIELD TRIP	\$225
<input type="checkbox"/> WK 6 - July 7 – July 11, 2025 – Kroc Center	\$250
<input type="checkbox"/> WK 7 - July 14 – July 18, 2025 – Pups of War – TBD	\$250
<input type="checkbox"/> WK 8 - July 21 – July 25, 2025 – Summer Finale	\$250
<input type="checkbox"/> WK 9 - July 28 – Aug 1, 2025 – Olino – Bad Guys 2	\$250
Daily rate- List Days, attach separate sheet if needed. \$60 M-Th, \$75 Fridays	\$ ____

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

PAYMENT OPTIONS:

- CHECK or CASHIERS CHECK:** 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:** \$900 minimum due with registration per child. Payable by check or credit card.

Remaining balance including any lunch payments due by June 20, 2025, or your child may be unenrolled from our program.

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 _____