



**Pauoa Elementary School  
Summer Enrichment Program 2025  
Registration Form**



PLEASE PRINT

Student's Name \_\_\_\_\_  
LAST
FIRST
MI

Birthdate	
Completed Grade as of May 2025	

Parent/Legal Guardian Name(s): \_\_\_\_\_

Address:	City:	Zip:
Home phone:	Work phone:	Cell phone:
Email:		

Authorized person(s) to pick up my child (picture ID required) if I am not able to:

Name:	Contact Number:	Relationship:
Name:	Contact Number:	Relationship:

My child is interested in: (please check one)

- 8:00 am - 12:00 pm (no charge)
- 8:00 am - 12:00 pm AND Keiki Animation 12:30 -2:00 pm (Please enclose payment with these forms)
- 8:00 am - 12:00 pm AND Keiki Coding 12:30 -2:00 pm (Please enclose payment with these forms)
- 8:00 am - 12:00 pm AND Keiki Animation 12:30-2:00 AND Keiki Coding 12:30 -2:00 pm (Please enclose payment with these forms)

Pick up Arrangements:

- Wait at Office to be picked up     
  Walk home     
  Other: \_\_\_\_\_  
(Please specify)

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date

-----Office Use Only-----

Date received \_\_\_\_\_ Received by \_\_\_\_\_  
 Amount paid \_\_\_\_\_  
 Form of payment:  Cash  Check # \_\_\_\_\_ Name on Check \_\_\_\_\_

