

Pauoa Elementary School Summer Enrichment Program 2025 Registration Form



PLEASE PRINT

Student's Name		
LAST	FIRST	MI
Г		
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:

Walk home

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	

□ Oth/

Other: _______(Please specify)

Parent/Legal Guardian Signature		Date	
	Office Use Only		
Date received Amount paid	Received by		
Form of payment: □Cash □Check #	Name on Check		

Emergency Information

Student's Name: _

LAST FIRST MI

My child has health insurance (circle)	ance (circle) Yes No		
If yes, please indicate medical insurance below.			
Name of Insurance Company:	Policy Number:	Expiration Date:	
Family Physician:		Contact Number:	
Dentist:		Contact Number:	

<u>Emergency Contact</u>: In case the child listed above becomes ill or is injured at school and I cannot be contacted, I authorize the school to contact and release custody to the following:

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

Please indicate any special health conditions your child may have (i.e., medical issues, restrictions, allergies, medications, etc):

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent to school authorities to take appropriate action for the safety and welfare of my child: