

Please select the program(s) that you are registering (must be in the 2020 Summer Enrichment program to enroll in the Extended Day/Extended Week Programs). Space is limited.

- Summer Enrichment Program \$150 June 29 through July 24, 8:00 a.m. to 3:00 p.m.
- Extended Day Program \$50 June 29 through July 24, 3:00 p.m. to 5:00 p.m. limited space
- Extended Week Program \$25 July 27 through July 31, 8:00 a.m. to 5:00 p.m. limited space

**Participant's Name** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Age \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Street Name & Number \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

**MEDICAL INFORMATION:**

**EMERGENCY CONTACT INFORMATION:** (For minors, please list a contact other than parent/legal guardian)

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Father/Legal Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

If Legal Guardian, please list relationship to Participant \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ eMail \_\_\_\_\_

**Mother/Legal Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

If Legal Guardian, please list relationship to Participant \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ eMail \_\_\_\_\_

**How did you hear about this program?** Flyer Friend Website Facebook/Twitter Email Other: \_\_\_\_\_

Total number of family members in household _____		Please list by name & relationship: (List birthdate & program information for siblings only)	
<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Participant in Palama programs?</u>
_____	_____	_____	No Yes -If yes, indicate program _____
_____	_____	_____	No Yes _____
_____	_____	_____	No Yes _____
_____	_____	_____	No Yes _____
_____	_____	_____	No Yes _____
_____	_____	_____	No Yes _____

**United Way** Palama Settlement is a member of the Aloha United Way. The following information is voluntary and allows us to provide AUW with accurate information.

- If you are a housing resident, indicate where:*
- Mayor Wright  Kaahumanu  KPT
  - Kamehameha  Kukui Gardens  Kauluwela I
  - Kauluwela III  Kalihi Valley  Puahala

Other: \_\_\_\_\_

**Ethnic Background**

- African Am.  Amer. Indian  Caucasian
- Chinese  Filipino  Hawaiian
- Hispanic  Japanese  Korean
- Micronesian  Part Haw'n  Samoan
- Vietnamese/Laotian  Other Pacific Islander

Other: \_\_\_\_\_

**Annual Household Income Level**

- Below \$20,940  Below \$27,920
- Below \$34,900  Below \$41,880
- Above \$48,860

**OFFICE USE ONLY:** Paid by \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_



**PALAMA SETTLEMENT**  
810 N. Vineyard Boulevard  
Honolulu, Hawaii 96817

**WAIVER AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, the adult applicant, parent and/or legal guardian of \_\_\_\_\_ hereby acknowledge and understand that I may have certain legal rights against PALAMA SETTLEMENT, their predecessors, successor and assigns, in the event of an accident and/or injury to my child/self or damage to property by PALAMA SETTLEMENT.

NOW, THEREFORE, for good and valuable consideration, including but not limited to services provided to my child and/or me, I do hereby voluntarily and with full knowledge of my rights, completely and forever waive, release, acquit, and forever discharge PALAMA SETTLEMENT, its officers, directors, employees, agents and all other persons acting on their behalf (registered approved volunteers) (collectively "Released Parties"), jointly or severally, their successors and assigns, whether herein named or referred to or not, of and from any and all, and all matter of, actions and causes of action, rights, suits, demands, covenants, contracts, agreements, judgments, claims and demands, attorneys' fees and costs or and damages of whatever name or nature whatsoever in law or equity, which heretofore have been, and which hereafter may be sustained.

Further, I agree to defend, indemnify and hold harmless Released Parties from any and all claims, actions, causes of action, suits, expenses, damages of any nature and liabilities, including but not limited to attorneys' fees and costs, arising out of or relating in any way to the services provided to my child or me by PALAMA SETTLEMENT and/or my or my child's participation in any class, event or other activity provided or sponsored by PALAMA SETTLEMENT.

\_\_\_\_\_  
Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Signature

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\* \* \* \* \*

**CONSENT AND RELEASE FORM**

I hereby consent to and authorize organization(s) approved by Palama Settlement to take photographs, video tapes and audio tapes of my child and agree that the organization(s) may use them in an honorable and legitimate way without any compensation or payment of any kind to me; and I agree that all materials shall be considered the property of the organization(s). I also release the organization(s) and its agents from any liability for any violation of my personal or property rights which I might have in connection with such materials.

\_\_\_\_\_  
Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Signature

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.