

Please select the program(s) that you are registering (must be in the 2021 Summer Enrichment program to enroll in the Extended Day/Extended Week Programs). Space is limited.

- Summer Enrichment Program \$375 June 7 through July 16, 8:00 a.m. to 3:00 p.m.
- Extended Day Program \$100 June 7 through July 16, 3:00 p.m. to 5:00 p.m. Limited space.
- Extended Week Program \$100 July 19 through July 23, 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 _____ **City** _____ **Zip Code** _____

Street Name & Number _____

Email _____ **School** _____ **Current Grade** _____

MEDICAL INFORMATION: Does the child have any medical condition we should be aware of? No Yes _____

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)	
Name	Relationship	Birthdate	Participant in Palama programs?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes -If yes, indicate program _____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> 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 Hawaiian 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 and audio recordings of my child and agree that the organization(s) may use them in an honorable and legitimate way (online, print, or broadcast) 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__.