

SPRING SNAP 2010 REGISTRATION FORM (One form per child)

CHILD'S LAST NAME	FIRST NAME	MI	GENDER (M/F)	AGE	BIRTH DATE
STREET ADDRESS		CITY	STATE	ZIP	EMAIL ADDRESS
MOTHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE		OTHER PHONE
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE		OTHER PHONE
NAME OF OTHER SIBLING IN THE PROGRAM	CHILD RESIDES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER				
CHILD'S DOCTOR'S NAME/FAMILY PHYSICIAN	PHONE NUMBER	CHOICE OF HOSPITAL/DISPENSARY			
MEDICAL INSURANCE COVERAGE	POLICY NUMBER	ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN			
DOES YOUR CHILD HAVE ANY PHYSICAL OR BEHAVIORAL PROBLEMS? IF SO, PLEASE EXPLAIN			MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN		

PLEASE ADD ANY OTHER COMMENTS WHICH MAY BE HELPFUL IN CARING FOR YOUR CHILD (E.G. FEAR OF HEIGHTS) FOR GRANT PURPOSES, PLEASE INDICATE IF YOUR CHILD:
IS OF NATIVE HAWAIIAN ANCESTRY YES NO
RECEIVES FREE OR REDUCED LUNCH AT SCHOOL YES NO

In addition to parents/legal guardians, I authorize only the following people to pick up my child and/or in an emergency, be contacted if parents/legal guardians can't be contacted.

NAME	RELATIONSHIP TO CHILD	CELL/PAGER NO.	WORK PHONE	HOME PHONE

By initialing and signing the following waivers, I have read, understand and agree to them voluntarily.

<p>MEDICAL RELEASE WAIVER: I authorize the Hawai'i Nature Center (HNC) staff to take my child to the nearest hospital or clinic for medical care, in the event of a medical emergency, if the parent/legal guardian, emergency contact persons or child's physician cannot be promptly reached.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p>PHOTO/VIDEO WAIVER: I authorize the Hawai'i Nature Center (HNC) to use video images or photographs of my child. I agree that the video or photographs become the exclusive property of HNC and may be used only by HNC.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p>TRANSPORTATION AUTHORIZATION: I authorize the Hawai'i Nature Center (HNC) staff to provide or contract for my child's transportation between program sites and for field trips.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>
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PARENT/GUARDIAN SIGN HERE: _____ **DATE:** _____

PROGRAM SELECTION & PAYMENT Clearly circle the fee of the program desired, add the fees for each program in the last column, include discounts & membership if applicable and add the last column for the total.

O'AHU Spring 2010	WEEK 1 March 15 - 19	WEEK 2 March 22-25	TOTAL \$
REGISTRATION DUE DATES	March 8	March 17	
Member	\$250	\$200	
Non-member	\$350	\$280	
Extended Care (all days)	\$125	\$100	
Extended Care (per day)	\$30/day	\$30/day	
Please circle days	MTWRF	MTWR	
Transportation fee for field trip(s)	\$10	\$10	

PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> JCB <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	SNAP Pack (includes child size T-shirt): \$50 T-shirt Color: _____ Size: _____
CARD NUMBER _____ EXPIRATION DATE _____ 3-DIGIT SECURITY CODE _____	T-Shirt Only: Red, Teal, Purple, Green NEW: Organic Cotton Red or Green \$15 T-shirt 1: Color: _____ Size: _____ T-shirt 2: Color: _____ Size: _____
SIGNATURE _____ DATE _____	Late Registration Fee \$25 Family Membership Fee \$50 Total: _____

LATE PICKUP FEES: If your child is picked up later than 10 minutes after the end of the program, we will charge a late fee of \$25 for every 5 minutes or fraction thereof.
REFUND POLICY: If you need to remove your child from the program, please notify us at least 7 days prior to the start of the session. With at least 7 days notice, we will refund your program fee minus a nonrefundable \$50.00 registration fee. With less than 7 days notice there is no refund for any reason, including sickness.
CANCELLATION POLICY: We reserve the right to cancel the program if we do not have a minimum enrollment. If this occurs we will notify you as soon as possible and refund the full program cost.
RETURNED CHECKS: There is a \$20.00 service charge on returned checks.
***LATE REGISTRATION FEE:** If registering after the due date, a late fee of \$25 will be charged.