

# Ulukukui Summer Enrichment Program

3155 Manoa Rd. • Honolulu, HI 96816 • 988-1868

## Student 's Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_ M \_\_\_\_ F

Current School: \_\_\_\_\_ Grade Completed as of May 2011: \_\_\_\_\_

## Parent's Information

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Program	Cost
<input type="checkbox"/> Morning Program only (8:00-12:00)	\$200.00
<input type="checkbox"/> Morning + Afternoon Program (8:00-5:00)	\$500.00
<input type="checkbox"/> Afternoon Program only (12:00-5:00)	\$300.00
<input type="checkbox"/> Music/Choir (12:30-1:45)	\$25.00
<b>Total Due</b>	

Please make checks payable to Manoa School. You may mail or drop off forms along with payment to:

Manoa Elementary School  
Attn: Natalie Chung  
3155 Manoa Road  
Honolulu, HI 96822

**Incomplete/missing forms or forms without the accompanying payment in full will not be processed.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

-----For office use only-----

Date received: \_\_\_\_\_ Received by \_\_\_\_\_

Amount paid: \_\_\_\_\_ Name on check: \_\_\_\_\_ Check # \_\_\_\_\_

## Emergency Form

Child's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
*Last, First*

Home Address: \_\_\_\_\_

### Parent's Information:

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Alternate Emergency Contact:

1. \_\_\_\_\_  
*Name Phone # Relationship*

2. \_\_\_\_\_  
*Name Phone # Relationship*

### Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please note any medical conditions you child had/has (include current medication taking and/ or allergies.)

\_\_\_\_\_  
\_\_\_\_\_

### Afternoon Pick up

Please check one:

\_\_\_ My child will be picked up at the cafeteria parking lot @ 12:00.

\_\_\_ My child will be attending \_\_\_\_\_  
*(please indicate afternoon program your child will be attending)*

### Authorized Person(s) to pick up my child (other than parents)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date