

# SUMMER SESSION ENROLLMENT

for Kaimuki Christian School

# 2023

KCS - 3

**INSTRUCTIONS** To reserve a place for your child in Kaimuki Christian School's summer program, submit this form, Program Selection and Tuition Rates worksheet, and full payment by **April 10**. **PLEASE ALSO SUBMIT:**  copy of child's Birth Certificate and  current Student Health Record (Form 14)

### Child's Information

Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle Name

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade Entering, Fall 2023 \_\_\_\_\_ 2023-24 School \_\_\_\_\_

DoB \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Address City State Zip Code

How did you hear about the KCS Summer Program? \_\_\_\_\_

### Father/Guardian Information

Relation to child \_\_\_\_\_ Name (First Last) \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Name of Employer \_\_\_\_\_

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

### Mother/Guardian Information

Relation to child \_\_\_\_\_ Name (First Last) \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Name of Employer \_\_\_\_\_

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

### Emergency Contact/Pick-up Authorization

Please list other individuals to contact if you are not available should medical attention be required. Also list individuals authorized to pick up your child, in addition to custodial parents. Please check "Yes" to add this individual as an emergency contact **and/or** authorize him/her to pick up your child.

Full Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Last First

Emergency Contact?  Yes  No | Pick-up authorization?  Yes  No

Full Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Last First

Emergency Contact?  Yes  No | Pick-up authorization?  Yes  No

### Medical Care, Permissions, & Signature

Allergies \_\_\_\_\_ Insurance Company \_\_\_\_\_

Medical Conditions\* \_\_\_\_\_ Medications taken\* \_\_\_\_\_

**\*Please contact the KCS Office if your child requires an Epi-pen and/or if you would like to have medication dispensed on campus or allow your child to self-administer medication (e.g. asthma inhaler) while on campus. Additional forms will need to be completed by your child's physician.**

When feasible and appropriate, Kaimuki Christian School will contact our family physician:

Physician's Name (First Last) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my consent/permission to Kaimuki Christian School (KCS):

- to have Pediatrician Dr. Amy Tamashiro serve as the health consultant on issues of medical policy guidelines (not for individual students) to KCS.
  - to administer or secure first aid and/or to call emergency personnel for my child and have emergency personnel transport my child to a hospital should a situation arise where such services are reasonably believed to be needed. Kapiolani Medical Center is the hospital nearest to KCS where emergency care may be provided. If transport by ambulance to a hospital is reasonably believed to be needed, I prefer that my child be taken to \_\_\_\_\_ Hospital. I understand that a KCS designated adult will accompany my child to the site of emergency care until a parent or parent's designee assumes responsibility for the child's care.
  - I agree that any expense involved in the medical and/or emergency care for my child is my financial obligation.
- Do you give KCS permission to use your child in photos and video publicizing or promoting the school in external communication venues such as brochures, print, radio or TV advertisements, electronic publications, web media, and any other published materials?  YES  NO
- I give permission for my child to go on supervised school or class excursions and field trips. I will not hold Kaimuki Christian School, its employees or agents, responsible for any accident that may occur on these outings unless caused by gross negligence. I understand that, other than activities in the Kaimuki area requiring only a short walk, any excursions and field trips will be announced. I may choose not to send my child on any particular outing. In that event, I understand that I will be responsible for providing supervision for my child.
- Do you give permission for your child to participate in supervised swimming activities?  YES  NO
- Do you give permission for your child to leave campus unaccompanied at the end of the school day?  YES  NO

**SIGNATURE(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_

Office Use Only

SS Grade Level: \_\_\_\_\_ SS Class: \_\_\_\_\_ SF Class: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parts Enrolled:  Part I only  Part II only  Parts I & II  Parts II & III  All Parts

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_