



EXTENDED DAY PROGRAMS POLICIES AND PROCEDURES (GRADE K - 5)

BEFORE SCHOOL PROGRAM

Before School Care provides child care from the early morning until the school day begins. This program is provided by Leeward YMCA.

Program Hours:

Monday - Friday: 6:00am - 7:45am
in the Elementary School Foyer

Attached Leeward YMCA Registration Form should be completed and submitted with payment to:
Leeward YMCA
94-440 Mokuola Street
Waipahu, Hawaii 96797
(808) 671-6495

EXTENDED DAY PROGRAM

Extended Care provides child care from the end of the school day until 5:30pm. Students are provided time for homework and free time. Spaces are limited. Registration ends August 1.

Program Hours:

Monday, Tuesday, Thursday and Friday: 3:00pm - 5:30pm
Wednesday: 2:15pm - 5:30pm

Fee: Tuition is per child (no multiple children discount). See Registration Form for payment options.

- Until 5:30pm - \$1850 (Grade K - 5)

Late pick-up assessed after designated pick-up time: \$10 fee per every 5 minute increment will be assessed. A **\$50 withdrawal fee on or before the first day of school**. There is a **\$50 late registration fee** after August 1.

Emergency Care:

"Drop in" care is available for a fee of \$8 per every 15 minute increment.

Blackout Dates:

There will be NO Extended Day Program on the following dates. Students must be picked up no later than 10:30am on the following days (Check school calendar for dates):

- May Day
- Last Day of School





EXTENDED DAY PROGRAM REGISTRATION FORM

PAYMENT INFORMATION

Please see Policies and Procedures for program details.

Check section below and complete accordingly.

Submit to Admission Office. Enrollment forms must be received by August 1, 2018. A late fee of \$50 will be added if form is received after August 1, 2018

Mail form to:

ISLAND PACIFIC ACADEMY, Admission Office
909 Haumea St. Kapolei, HI 96707

Until 5:30pm - \$1850 (Grade K - 5)

Payment Options (Please check one): We do not accept credit cards.

F.A.C.T.S. payment will be added to total tuition and divided into 12 monthly installments.
Questions on F.A.C.T.S.? Contact Mrs. Dalida, Business Office at (808) 674-3524 or
ldalida@ipahawaii.org.

Attached payment (checks payable to ISLAND PACIFIC ACADEMY).

PICK-UP INFORMATION

Student Name: _____ Grade: _____

Authorized Pick-up:

Name	Relationship to Student	Phone Number

Parent Signature: _____ Date: _____

Questions? Contact Mrs. Eileen Novak at (808)674-3563 or email enovak@ipahawaii.org





YMCA of Honolulu
Youth Programs Registration Form

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth's Information:				
Youth's Last Name		Youth's First Name		Gender
Home Address			City	Zipcode
Birthdate (Month, Date, Year)	Current Age	Completed Grade in 17-18 SY		
Ethnicities (Optional):			Do you have a Family Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Medical Conditions/Allergies/Limitations:				
Physician		Phone:	Alt. Phone:	Choice of Hospital
If in the judgement of the YMCA staff, my youth requires medical care, I authorize and instruct the YMCA to inform me or an authorized person listed. The YMCA may take my youth in for medical treatment to the physician, hospital or clinic I designate, or contact 911 per my request. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to contact 911 and have an ambulance or YMCA transport my youth to the nearest hospital or clinic for medical treatment.				
Name of Medical Insurer:			Card/Policy Number:	
Parent's Full Name Printed:			Parent's Signature:	

Parent/Guardian's & Family Information:			
Mother/Legal Guardian	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

Father/Legal Guardian	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

Are the Youth's Parents/Guardians Divorced or Separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, who has Custody?
Non-Custodial Parent's Full Name:	Primary Number:		Secondary Number:
Home Address (Street, City, Zipcode)		Email	
Should the Non-Custodial Parent/Guardian (Check all that apply)	<input type="checkbox"/> Be an authorized pick up person	<input type="checkbox"/> Be contacted in case of emergency	<input type="checkbox"/> Receive duplicate mailings <input type="checkbox"/> Receive Invoices

Additional Authorized Pick Up Persons - Not Including Parent/Guardians Listed Above			
Last Name, First Name	Relation to Youth	Primary Number	Secondary Number



YMCA of Honolulu
Youth Programs Registration Form

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth's Full Name: _____

YMCA Photo Release Waiver

The YMCA of Honolulu has my permission to use my, and my youths' photograph, video, artwork, profile and/or story and any likeness in any of its publications, web pages, and other promotional materials produced, used by, and representing the YMCA of Honolulu. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me or my youth for this use. This includes photographs, videos, and artwork from during program hours as well as special events, camps, and other YMCA related outings outside of regular program hours.

____ Yes I agree to the above statement

____ No, I do not agree to the above statement

Parent's Full Name Printed:

Parent's Signature:

How Did You Hear About Us?

Returning Participant/Member
 Friends/Family
 Radio/Television
 Newspaper/Magazine Ad
 Social Media
 Direct Mail
 Poster

Programs Registering For

Check If Requested	Program Name	Barcode	Cost of Program

Financial Assistance is made available through the generous support of donors during our Annual Support Campaign. To apply for **Financial Assistance** please see our Welcome Center or speak to a Youth Programs Director.

Sub Total	
Financial Assistance or Employee Discount (Restrictions Apply)	
Final Cost	

Payment Plans are available for select Youth Programs and can be automatically drafted on the 1st and 15th of each month. To inquire about a **Payment Plan** please see our Welcome Center or speak to a Youth Programs Director.

Mission of the YMCA: The YMCA of Honolulu is a fellowship dedicated to putting Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Learn. Grow. Thrive.