

Hawaii Baptist Academy

Elementary Summer School and Summer Adventures Registration Form 2010

Print or type a SEPARATE registration for each student. Registration form MUST be submitted with Medical/Emergency Information Form. Mail a SEPARATE check (payable to Hawaii Baptist Academy) with each completed registration form to:

HAWAII BAPTIST ACADEMY, SUPPLEMENTAL PROGRAMS, 21 Bates St, Honolulu, Hawaii 96817 **Registration Deadline: May 14, 2010**

Student Information

Student's Last Name (legal)	First Name (legal)	Preferred First Name	M.I.	Birthdate	M / F
	Y / N	Y / N			Sex
Grade Entering	HBA Student	Applied to HBA for next school year		School attending for next school year	
Parent's Name (for mailing address)					Who does child live with?
Mailing Address	City	State	Zip Code	<input type="checkbox"/> Summer Address only <input type="checkbox"/> New Address from 09-10 School Year	
Mother's Name	Work Phone	Cell Phone	Email Address		
Father's Name	Work Phone	Cell Phone	Email Address		
Emergency Contact (other than parents)	Work Phone	Cell Phone	Relationship to Child		

The undersigned agrees to accept the rules and regulations of Hawaii Baptist Academy as stated in the current summer school catalog:

Signature of Parent or Guardian _____

Registration Summer School – Elementary (Grades 2-6 must select two classes)

Class Selections	Time	Tuition	Alternate Class Selections (Required)	Time
1. _____	_____	\$355	1. _____	_____
2. _____	_____		2. _____	_____

Permission Form

I hereby give my child permission to participate in all activities, including field trips and sports, that may be included as part of the Summer School and/or Summer Adventures program. I understand that neither Hawaii Baptist Academy nor the teachers, staff, or sponsors are liable for any accident or injury.

Signature of Parent or Guardian _____

Date _____

Registration Summer Adventures

Select the Summer Adventures session(s) and/or recreational program that you wish to enroll your child in:

ACTIVITY	GRADES	DATES	DAYS	TIME	TUITION
<input type="checkbox"/> Session A	K - 6	6/7 - 6/10	M - TH	7:00 a.m. - 5:30 p.m.	\$190
<input type="checkbox"/> Session B	K - 6	6/14 - 7/2	M - F	11:40 a.m. - 5:30 p.m.	\$345
<input type="checkbox"/> Golf Clinic	1 - 6	6/15 - 7/1	T & TH	1:30 p.m. - 2:30 p.m.	\$180
<input type="checkbox"/> Summer Volleyball	1 - 3	6/14 - 7/1	M, T & TH	1:30 p.m. - 2:30 p.m.	\$55
<input type="checkbox"/> Summer Volleyball	4 - 6	6/14 - 7/1	M, T & TH	2:30 p.m. - 4:00 p.m.	\$80
<input type="checkbox"/> Session C	K - 6	7/6 - 7/16	T-F, M - F	7:00 a.m. - 5:30 p.m.	\$475

T-Shirt Sizes

Child size: YS (6-8) YM (10-12) YL (12-14) Adult size: S M L

Tuition

Summer School Tuition: \$ _____
Summer Adventures Tuition: Session A \$ _____ Session B \$ _____ Session C \$ _____ Golf Clinic \$ _____ Summer Volleyball \$ _____
Late Fee: \$ _____
Total Tuition: \$ _____ (Checks payable to Hawaii Baptist Academy; one check per student per registration form)

Office use only: Amt. Pd. \$ _____ Ck# _____ Date _____

Medical/Emergency Information (MUST BE SUBMITTED WITH REGISTRATION FORM)

Student's Last Name (legal)	First Name (legal)	Preferred First Name	M.I.	Birthdate	M / F Sex	Grade Entering
-----------------------------	--------------------	----------------------	------	-----------	--------------	-------------------

Primary Contact (circle one): mother father Work Phone: Cell Phone:

Secondary Contact (circle one): mother father Work Phone: Cell Phone:

Emergency Contact (other than parents) Work Phone: Cell Phone:

Relationship to Child Address/City/Zip (required)

Name of Physician Phone

Medical Insurance Plan Subscriber/Member Number (required)

Health and/or Educational Conditions (if none, indicate N/A)

Allergies (food, medicine, other)

I understand that any information on this form may be shared with the faculty, staff, and/or emergency personnel, when, in the School's judgment, such disclosure is deemed necessary for child's health and/or educational needs.

In the event that neither the authorized person(s) named above nor I am available at the time of emergency, I authorize Hawaii Baptist Academy personnel to accompany my child to nearest health care facility for medical treatment. I understand that HBA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance. I hereby release and forever discharge HBA from any claim whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered to my child.

Signature of Parent: _____ **Date:** _____

THIS SECTION IS FOR SUMMER KINDERGARTEN STUDENTS ONLY – REQUIRED

Kindergarten Student's Name _____

Student Health Form:

If student is entering HBA's Kindergarten in the fall, current medical information must be recorded on yellow HBA Health Form (included with enrollment packet); if student is on the wait list, standard health form may be submitted. Health record must document a TB clearance (done within the last 12 months), up-to-date immunizations, and a physical examination completed not more than one year (12 months) before the first day of Summer School.

____ health form submitted with Summer School Registration form (date) _____

____ anticipated submission date _____

____ doctor's appointment scheduled on (date) _____ (if needed to update form)

Office use only _____