

**Kealakehe Elementary 21st Century Community Learning Center
(KES 21st CCLC)**

Summer School Program

SY 2014 - 2015

Kealakehe Elementary School

74-5118 Kealaka'a St.

Kailua-Kona, HI 96740

Phone: (808) 895-9971 / Fax: (808) 327-4347

April 1, 2015

Aloha Parents:

Kealakehe Elementary 21st Century Community Learning Center will be providing our Summer School Program that will be held from June 9, 2015 to July 3, 2015.

Time: 8:00am to 12:00pm Monday through Friday (except on June 11, 2015, Holiday)

Daily classes for all grade levels include: Reading, Math, Art, Hawaiian Studies.

Please note that there is very limited space available for each grade level and acceptances is based on first come/first serve basis only.

Our program is open to all students from all schools. First preference will be given to Kealakehe Elementary students until April 24, 2015. Enrollment will be open to all outside schools as of April 25, 2015.

Full payment of \$100.00, must be received by May 15, 2015. At this time the only scholarship available is through Alu Like. Scholarships forms are available and must be completed and mailed to Alu Like by parents. KES 21st CCLC will not be responsible for mailing out any forms to Alu Like.

****No Classes on **June 11, 2015 in honor of King Kamehameha Holiday****

*****PLEASE NOTE THAT NO TRANSPORTATION IS
AVAILABLE FOR THE SUMMER SCHOOL PROGRAM*****

EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M ☐ F ☐ Birthdate _____
(Last) (First) (Middle Initial) Month Day Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

Father's/Legal Guardian's Name _____
Employer _____
Active Duty: Yes ☐ No ☐ Branch of Military Service _____
Home Phone _____ Bus. Phone _____
Cellular Phone _____
E-mail Address _____

Mother's/Legal Guardian's Name _____
Employer _____
Active Duty: Yes ☐ No ☐ Branch of Military Service _____
Home Phone _____ Bus. Phone _____
Cellular Phone _____
E-mail Address _____

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Legal Guardian's Signature _____

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: ☐ Yes ☐ No If YES, check: ☐ QUEST ☐ Medicaid OR ☐ Private
If private, check your plan: ☐ HMSA ☐ Kaiser ☐ Tri-Care ☐ Other _____

• My child receives regular care for the following medical conditions:

☐ No medical condition

☐ Yes. Please check below:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Cough/Wheezing	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> JRA Arthritis	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Heart	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Problem
<input type="checkbox"/> Allergies: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Food <input type="checkbox"/> Medications <input type="checkbox"/> Other _____				

Date and type of last reaction _____

☐ Other Health Concerns: _____

☐ Takes medications (LIST) _____

• Other children:

Name

School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teacher: _____ Rm# _____

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Phone: (808) 895-9971 / Fax: (808) 327-4347

Student's Name: _____ Age: _____

Ending Grade: _____ (SY 2014 - 2015)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Hm. (____) _____ Wk.

(____) _____ Cell (____) _____ Emergency

Father/Guardian: _____

Mother/Guardian: _____

I would like to register my child for the KES 21ST CCLC Summer School Program for SY 2014 – 2015.

Classes begin on June 9, 2015 and end on July 3, 2015. The program will be held from 8:00am to 12:00pm, Monday through Friday with the exception of June 11, 2015 (King Kamehameha Holiday).

If a class is full, your child will be placed on a waiting list in the event that an opening becomes available.

This Registration form **must be completed by May 8, 2015 and returned with payment.** We are accepting **CASH ONLY** for the **EXACT AMOUNT.** **NO CHECKS will be accepted.** You will be notified of your child's status of enrollment upon receipt of application and payment.

I understand that grade level class sizes are limited and are available on a first-come, first-served basis only. Full Payment is required by May 15, 2015, to hold my child's place.

Parents Signature

Date

****Please be sure to sign Behavior Policy on back side of this registration form****

Kealakehe Complex Community Learning Center
After-School Tutoring & Enrichment Program
74-5118 Kealaka'a St., Kailua-Kona, HI 96740
Phone: (808) 895-9971 / Fax: (808) 327-4347

Behavior Policy

April 1, 2015

Aloha Parents:

We would like to take this opportunity to welcome your child to our KCCLC After-School programs. In order to ensure a positive experience for all of our students, we have developed the following behavior policy and disciplinary procedures to provide a safe and productive learning experience for everyone.

These are the positive behavioral expectations: proper respectful language and behavior directed towards peers and instructors (no bullying, harassment, foul language); hands to yourself (no hitting, kicking, fighting); respect of property (no misuse of equipment including Audio/Visual equipment, computers, sports equipment, games and supplies).

There will be a No Tolerance Policy for the following acts which will result in immediate dismissal from the program: Intentional physical harm to peers and/or instructors or intentional damage of any equipment.

Discipline procedures are as follows:

1st incident: Call to Parent by instructor.

2nd incident: Call to Parent by Program Director (Julee Robinson)

3rd incident: Child will be excused from the program.

Parents please review these guidelines with your child(ren) and return one copy with a signatures and date.

Should you have any questions, please feel free to contact our office at 895-9971.

Thank you for supporting our After-School Program. We look forward to a safe and fun learning experience for everyone.

Nancy Matsukawa
Principal

Julee Robinson
Program Director

I have read the above-mentioned behavioral policy and disciplinary procedure with my child. We both understand the guidelines as written.

Parent

Date

Child

Date