

Teacher: _____ Rm# _____

**Kealakehe Complex Community Learning Center
After-School Program Registration Form
February 8, 2016 to April 22, 2016
2nd Semester Session**

Kealakehe Elementary School
74-5118 Kealaka'a St.
Kailua-Kona, HI 96740

Phone: (808) 895-9971 or (808) 313-7933 / Fax: (808) 327-4347

Student's Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

(____) _____ Cell (____) _____ Emergency

Father/Guardian: _____

Mother/Guardian: _____

I would like to register my child for the following program:

1. _____ Cost: _____

2. _____ Cost: _____

3. _____ Cost: _____

FOR TEACHER USE: Recommended for – Reading _____ OR Math _____

My child **is enrolled** with A+ After-School Program. Please release my child to them after class:

____ (X) ***Please make that the attached release form is filled out***

Classes begin the week of February 8, 2016. We will do our best to accommodate as many requests as possible. Class sizes are limited and are available on a first-come, first-served basis. If a class is full, your child can be placed on a waiting list in the event that an opening becomes available.

This Registration form **must be completed and returned with payment by January 28, 2016.** We are accepting **CASH ONLY** for the **EXACT AMOUNT (no change will be given).**

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 scholarships are limited for Free/Reduced Lunch. If I want to apply, I will need to provide 21st After-School program with a copy of my child's meal status, along with the registration form. If I fail to provide this information, I will pay the full amount of the enrichment class my child is accepted in. _____ (X) Form provided**

Parents Signature

Date