



# CARE Academy Registration

## Student's Information (Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Grade Fall 2018: \_\_\_\_\_  
 School if not currently enrolled at Wilson: \_\_\_\_\_

## Contact Information (Please Print)

Mother/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Day Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Day Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Pickup Information (Please Print)

Listed below are the person(s) authorized to pickup my child. I understand that my child is to be picked up promptly at the designated time. If my child is picked up late, I will pay a \$5.00 late fee for every 5 minutes after 12:05 P.M.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please release my child to the YMCA extended program at 12:00 \_\_\_\_\_

## Medical Information (Please Print)

If my child becomes ill or is injured and I cannot be contacted CARE Academy has my permission to contact and release my child to the custody of one of the following:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If my child needs to be taken to an emergency facility and either I or the above listed contacts cannot be reached, I authorize CARE Academy to take my child to the nearest hospital or clinic for treatment.

Child's medical conditions (allergies, medications, or other medical conditions): \_\_\_\_\_  
 \_\_\_\_\_

I acknowledge and I have read the above information. I will notify CARE Academy of any changes and give my consent to CARE Academy to take appropriate action for the safety and welfare of my child.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Please leave in the drop off box in the Wilson Elementary School Office or mail to the address below:

CARE Academy  
 Wilson School  
 4945 Kilauea Avenue  
 Honolulu, Hawaii 96816

<p>Credit Card Payment Option:</p> <p>Name on card: _____</p> <p>Card Number: _____</p> <p>CCV Number: _____ Expiration Date: _____</p> <p>Signature: _____</p>
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