

**Hawaiian Canoe Club**  
**Summer Regatta Season Child Care**  
**Enrollment Form**

Please fill this form completely. If a question does not apply to your child please write N/A (not applicable). The form must be completed before the first day your child begins care. Please notify the child care provider or HCC executive director if any of the information changes.

**General Information**

Child's full name \_\_\_\_\_

Child's go by name or nickname \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex (circle one): M      F

Allergies/Special diets or needs \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number(s) \_\_\_\_\_

Email address(es) \_\_\_\_\_

**Emergency Contact**

In the event of an emergency when I may not be reached, the Child Care provider may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name \_\_\_\_\_ Phone number \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone number \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Authorize pick-up**

I additionally authorize the following individuals to take my child from the child care premises. Please let the Child Care provider know at the beginning of care when your child will be picked up by one of the authorized individuals.)

(1) Name \_\_\_\_\_ Phone number \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone number \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Anticipated dates of attendance**

Please circle all that apply:      Monday              Tuesday              Wednesday              Thursday              Friday

If applicable: name of school child attends \_\_\_\_\_

**Child’s Physician or Health Care Provider**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Type of insurance \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, behavior, or concerns including medications child is taking and possible side effects \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Risk Waiver, Basic First Aid and Media Consent**

a) I agree to my child’s attendance at HCC Child Care. In the case of an emergency, I authorize the program staff, where it is impracticable to communicate with me or emergency contacts, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child is enrolled with the program. I understand that although HCC and its service providers attempt to minimize any risk of personal injury within practical boundaries, accidents do happen and all activities carry the risk of personal injury,

b) Please check:

I consent /  I do not consent for those members of the staff of HCC who have been trained in First Aid and/or CPR to administer Basic First Aid assistance to my child as necessary for injuries/illnesses that have occurred during or prior to their attending the program. First Aid administered may include the application of common over-the-counter topical ointments, such as bug spray, antibiotic ointments, lotions, creams, sunscreen, antiseptic wipes, etc.

c) Please check:

I consent /  I do not consent to allow HCC and its service providers to use my child’s name and any photographs, sound, and film recordings taken of my child at this program for the promotion of Hawaiian Kamali’i Inc. dba Hawaiian Canoe Club.

Print full name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_