



Summer Session 2008 ■ Registration Form

Please complete **pages 1 & 2** of this form.
Students entering **Kindergarten** in the fall **do not qualify** for this program.

1) Student's Name _____
Please Print (First) (Last)

Grade entering in the fall _____ Age on **6/15/08** _____ DOB _____

Present School Attending _____ Male _____ Female _____

2) Student's Name _____
Please Print (First) (Last)

Grade entering in the fall _____ Age on **6/15/08** _____ DOB _____

Present School Attending _____ Male _____ Female _____

► **Mother** _____
Please Print

► **Father** _____
Please Print

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell/Other _____

Cell/Other _____

Email: _____

Email: _____

► **Mailing Address** _____
Please Print City Zip

► The following people **will be allowed** to pick up my child(ren) from school in the event I cannot. (To add more names, please attach a separate sheet.)

Name Relationship Phone

Name Relationship Phone

► **BUS TRANSPORTATION: Yes, my child(ren) will ride the bus round trip for 4 weeks:**

_____ **Kihei** (7:10am pickup - Kalama Park parking lot, at traffic light entrance)

_____ **Kahului** (7:30am pickup - corner of Hookele & Pakaula between WalMart/Home Depot)

_____ **Wait list** my child(ren). I would like: _____

Explain (e.g. only 2 weeks or just one way, etc.)

▶ **CARPOOL**

The summer office will assist you by furnishing the **names** and home **phone numbers** of parents interested in carpooling.

_____ **YES**, please place our **name** and **home phone** number on the **CARPOOL** list.

▶ **PHOTOGRAPHY PERMISSION AND RELEASE**

YES, by my signature, **I give Seabury Hall permission** to use photographs of my child in Seabury Hall’s newsletters, advertisements, brochures or any similar publication.

▶ _____
Signature of Parent or Guardian

▶ **MEDICAL RELEASE AND WAIVER**

I agree to release and hold harmless Seabury Hall, its trustees, officers, and employees from any and all losses, liabilities, claims, and expenses that may occur as a result of my child’s participation in the Seabury Hall Summer Session 2008. In the event of an accident or injury to my child, I hereby give my consent for Seabury Hall faculty or staff to take appropriate action for the safety and welfare of my child and arrange medical treatment for my child in the event I cannot be reached. I understand that I will be financially responsible for any medical treatment or service to my child.

Emergency Contact _____

Phone _____

Health Insurance Company _____

Policy # _____

Please list any **medical conditions**, past or current medical problems or **current medications** we should know about: _____

▶ **CANCELLATION & REFUND POLICY**

If you choose to withdraw from the program after your registration has been accepted, regardless of the reason, a **\$50.00** cancellation/processing fee **per child** will be charged and the remainder of the tuition/bus fee will be refunded up until **May 30, 2008**. A **\$100** cancellation/processing fee **per child** will be charged from **June 2** to **June 18, 2008**. No refunds after **June 18, 2008**.

▶ _____ / _____
PRINT (Parent or Guardian) **SIGNATURE** **DATE**

▶ **Don’t forget** to include the **Class Selection Form** for students **entering 5th-8th grade**.

▶ **Don’t forget** to add the **bus fee: \$175.00** per child to reserve a seat.

▶ Please make checks payable to: **Seabury Hall** (No credit cards accepted).

Seabury Hall Summer Session ■ 480 Olinda Road, Makawao, HI 96768