

O'AHU Spring SNAP 2012

Sensational Nature Adventure Program



Enroll now for Spring SNAP 2012. Hawai'i Nature Center's series of spring programs in Makiki Valley. Our professional Environmental Educators are First Aid and Adult & Child CPR trained. They will lead your child in a variety of nature activities, including forest hikes, stream investigations, nature crafts, insect safaris, beach explorations, off-site field trips, and more!

- For children 6 - 11 years old
- Three sessions
- From March 12-16, 19-23, and 26-30
- In Makiki Valley and other field sites
- Regular session 7:45 am to 3:00 pm
- Extended care 3:00 pm to 5:00 pm



Space is limited. To register your child, complete and mail the form along with your payment to:

Hawai'i Nature Center
Attn: SNAP
2131 Makiki Heights Drive
Honolulu, HI 96822

Confirmation of your registration and a brief program outline will be sent to you. For more information, call **955-0100, ext 114.**

SNAP Packs: A SNAP Pack is a backpack filled with items for nature exploration at home and during our SNAP adventures. It contains a stainless steel water bottle; bug box; HNC T-shirt; and Bzzz Beware, an all natural, DEET-free insect repellent.

You can also order HNC T-shirts separately. Our T-shirts come in child sizes small, medium, or large. Available in green or red.

Hawai'i Nature Center
Headquarters:
2131 Makiki Heights Drive
Honolulu, HI 96822

O'AHU SPRING SNAP 2012 REGISTRATION FORM (One form per child)

CHILD'S LAST NAME	FIRST NAME	MI	GENDER (M/F)	AGE	BIRTH DATE
STREET ADDRESS		CITY	STATE	ZIP	EMAIL ADDRESS
MOTHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE	OTHER PHONE	
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE	WORK PHONE	OTHER PHONE	
NAME OF OTHER SIBLING IN THE PROGRAM	CHILD RESIDES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER				
CHILD'S DOCTOR'S NAME/FAMILY PHYSICIAN	PHONE NUMBER	CHOICE OF HOSPITAL/DISPENSARY			
MEDICAL INSURANCE COVERAGE	POLICY NUMBER	ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN			
ANY PHYSICAL OR BEHAVIORAL PROBLEMS? IF SO, PLEASE EXPLAIN	MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENGLISH AS A SECOND LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE ADD ANY OTHER COMMENTS WHICH MAY BE HELPFUL IN CARING FOR YOUR CHILD (E.G. FEAR OF HEIGHTS)	FOR GRANT PURPOSES, PLEASE INDICATE IF YOUR CHILD: IS OF NATIVE HAWAIIAN ANCESTRY <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVES FREE OR REDUCED LUNCH AT SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO				

In addition to parents/legal guardians, I authorize only the following people to pick up my child and/or in an emergency, be contacted if parents/legal guardians can't be contacted.

NAME	RELATIONSHIP TO CHILD	CELL/PAGER NO.	WORK PHONE	HOME PHONE
NAME	RELATIONSHIP TO CHILD	CELL/PAGER NO.	WORK PHONE	HOME PHONE

By initialing and signing the following waivers, I have read, understand and agree to them voluntarily.

<p>MEDICAL RELEASE WAIVER: I authorize the Hawai'i Nature Center (HNC) staff to take my child to the nearest hospital or clinic for medical care, in the event of a medical emergency, if the parent/legal guardian, emergency contact persons or child's physician cannot be promptly reached.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p>PHOTO/VIDEO WAIVER: I authorize the Hawai'i Nature Center (HNC) to use video images or photographs of my child. I agree that the video or photographs become the exclusive property of HNC and may be used only by HNC.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>	<p>TRANSPORTATION AUTHORIZATION: I authorize the Hawai'i Nature Center (HNC) staff to provide or contract for my child's transportation between program sites and for field trips.</p> <p>PARENT/GUARDIAN INITIAL: _____</p>
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PARENT/GUARDIAN SIGN HERE: _____ **DATE:** _____

PROGRAM SELECTION & PAYMENT Clearly circle the fee of the program desired, add the fees for each program in the last column, include discounts & membership if applicable and add the last column for the total.

O'AHU Spring 2012	WEEK 1 March 12-16	WEEK 2 March 19-23	WEEK 2 March 26-30	TOTAL \$
REGISTRATION DUE DATES	March 5	March 12	March 19	
Member	\$275	\$275	\$275	
Non-member	\$350	\$350	\$350	
Extended Care (all days)	\$100	\$100	\$100	
Extended Care (per day) Please circle days	\$25/day M T W R F	\$25/day M T W R F	\$25/day M T W R F	

PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> JCB <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CARD NUMBER _____ EXPIRATION DATE _____ 3-DIGIT SECURITY CODE _____ SIGNATURE _____ DATE _____	SNAP Pack (includes child size T-shirt): T-shirt Color: _____ Size: _____ \$50	
	T-Shirt Only: Organic Cotton Red or Green T-shirt 1: Color: _____ Size: _____ \$15 T-shirt 2: Color: _____ Size: _____	
	*Late Registration Fee	\$25
	Family Membership Fee	\$50
	TOTAL:	

LATE PICKUP FEES: If your child is picked up later than 10 minutes after the end of the program, we will charge a late fee of \$25 for every 5 minutes or fraction thereof.
REFUND POLICY: If you need to remove your child from the program, please notify us at least 7 days prior to the start of the session. With at least 7 days notice, we will refund your program fee minus a nonrefundable \$50.00 registration fee. With less than 7 days notice there is no refund for any reason, including sickness.
CANCELLATION POLICY: We reserve the right to cancel the program if we do not have a minimum enrollment. If this occurs we will notify you as soon as possible and refund the full program cost.
RETURNED CHECKS: There is a \$20.00 service charge on returned checks.
LATE REGISTRATION FEE: If registering after the due date, a late fee of \$25 will be charged.

FOR YOUR INFORMATION
 Federal Tax ID #99-0208246 State Tax ID #W20337722-01