Maui Prep Summer Program 2009
Registration Form

Please complete **both pages** of this form.. **There is space on this form for 2 siblings.**

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

Grade in Fall **2009** _____ Age on **8/1/09** _____ Date of Birth _____

Present School Attending _____ Male _____ Female _____

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

Grade in Fall **2009** _____ Age on **8/1/09** _____ Date of Birth _____

Present School Attending _____ Male _____ Female _____

Parent/Guardian 1 _____
Please Print
Home Phone _____

Work Phone _____

Cell/Other _____

Email: _____

Parent/Guardian 2 _____
Please Print
Home Phone _____

Work Phone _____

Cell/Other _____

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

CAMP FEES
Remember, the more weeks you attend, the cheaper each week becomes.

The Camp fees are:

1 week	**200 dollars**
2 weeks	**200 (first week) + 175 (second week) = 375 dollars**
3 weeks	**200 (first week) + 175 (second week) + 150 (third week) = 525 dollars**
All 4 weeks	**200 (first week) + 175 (second week) + 150 (third week) + 150 (fourth week) = 675 dollars**

Please indicate for which weeks you wish to register. Check the weeks.

Week 1	**June 8 - June 12**	**_____**
Week 2	**June 15 - June 19**	**_____**
Week 3	**June 22 - June 26**	**_____**
Week 4	**June 29 - July 3**	**_____**

Amount of payment **_____**

MEDICAL RELEASE AND WAIVER
I agree to release and hold harmless Maui Preparatory Academy, 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 Maui Prep Summer Program. In the event of an accident or injury to my child, I hereby give my consent for Maui Prep 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 _____

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

Please enclose check payable to: **Maui Preparatory Academy** (No credit cards accepted)
Maui Prep Summer Program * PMB #186* 5095 Napilihau St. #109B * Lahaina, HI 96761

YES, by my signature, **I give Maui Preparatory Academy permission** to use photographs of my child in Maui Prep's newsletters, advertisements, brochures or any similar publication.

_____
Signature of Parent or Guardian

Please remember that students need to have a brown bag lunch, beverages and snacks supplied from home as no lunch service will be provided in the dining hall.

Questions may be directed to Ray Parnell, Summer Program Director, at: rparnell@mauiprep.org or by calling 808.214.3204