

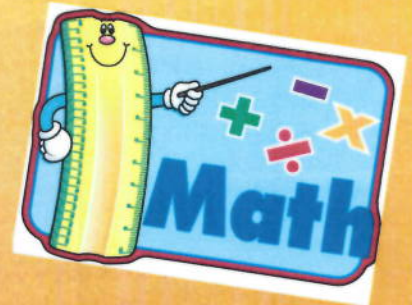
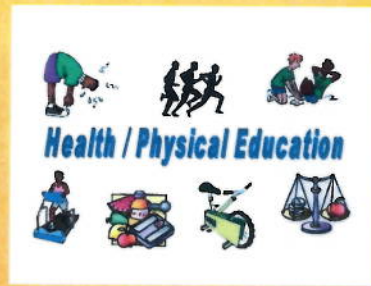
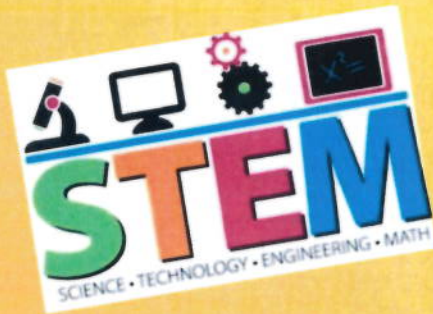
KAKOU SUMMMER PROGRAM

June 10 – July 12, 2019

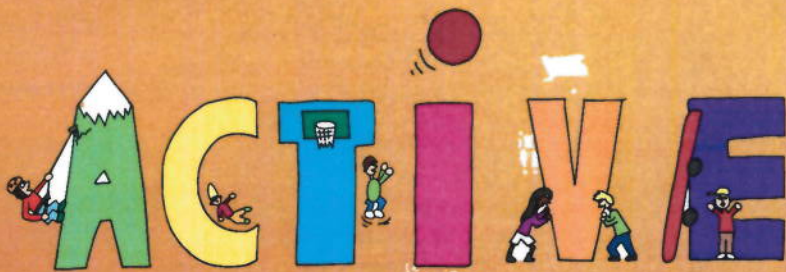
7:45am – 2:00pm

Kaunakakai School

Eligible students currently in grades K - 5



...and more!



Molokai LIVE Kakou Summer Program

for current K - 5th graders

FOCUS: Reading, Math, STEM, and Enrichment activities that include the arts, health & PE, & culture & place-based learning that build social and emotional skills through the Na Hopena A`o framework.

Location: Kaunakakai School

June 10 – July 12, 2019 from 7:45 – 2:00 p.m.

BREAKFAST & LUNCH provided

MEO Bus Transportation (Community Routes & Special Maunaloa Youth Route)

Site Coordinators: Joanie Tanabe and Mapuana Dudoit

This program is FREE and provided by the 21st century Molokai LIVE Kakou grant

Limited Availability – DEADLINE for registration is Thursday, April 18, 2019

STUDENT INFORMATION

Student First and Last Name: _____ **Gender:** M / F

Current School: _____ **Current Grade:** _____

PARENT CONTACT INFORMATION

Parent/Guardian #1: _____ **Relationship:** _____

Contact Phone: _____ **Alternate Phone:** _____

Email: _____

Parent/Guardian #2: _____ **Relationship:** _____

Contact Phone: _____ **Alternate Phone:** _____

Email: _____

MEDICAL INFORMATION

My child has medical insurance coverage with _____.

Does your child have any medical condition(s) we need to be aware of? Yes No

If "Yes" please explain: _____

Does your child need any medication for his/her condition(s)? Yes No

If "Yes" please explain: _____

I understand and agree to the following:

The Molokai LIVE Kakou staff will not administer any medication. Yes No

Emergency Medical Services may be called upon Molokai LIVE Kakou's staff discretion. I will be responsible for fees/charges related to these services. Yes No

PHOTO/PUBLICATION/WAIVER & RELEASE

I hereby give my permission to the Molokai LIVE Kakou program and staff to create or use digital or print media of my child's name, voice, likeness or images of student work for educational showcase and program advertisement purposes. This may include, but are not limited to, video and audio recordings, photographs, and images of students or student work.

I understand that there will be no compensation, financial or otherwise, by the Molokai LIVE Kakou program and staff for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release the Molokai LIVE Kakou program and staff from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to the Molokai LIVE Kakou program site coordinator. This will not affect my child's standing in the program, nor any publication or work using these media which has already been produced.

YES, I agree to the provisions above and grant permission to Molokai LIVE Kakou.

NO, I do not agree to the provisions above and do not grant permission to Molokai LIVE Kakou.

TRANSPORTATION INFORMATION

Read and initial each item below:

- I understand that bus transportation is being provided by MEO, via their community transportation route services. I will abide by the rules and regulations set forth by MEO.
- I understand that Molokai LIVE Kakou is NOT responsible or liable for incidences that occur outside of program hours of operation. Parents will be responsible for transportation and/or arrangements for their child/children, to and from the program site.
- I understand that adult supervision is only provided during Molokai LIVE Kakou program hours. Students are allowed on campus from 7:30 a.m. – 2:00 p.m. during program days.
- I acknowledge that my child/children will arrive at the Molokai LIVE Kakou summer program site by:

Drop off Walking MEO Community Bus (check route below)
See route schedule on next page

Morning Bus Route:

- Puko`o to Kaunakakai – Drop off at MPC, walk to Kaunakakai School
- Ho`olehua/Kualapu`u/Kalae to Kaunakakai – Drop off at MPC, walk to Kaunakakai School
- Maunaloa to Kaunakakai – Drop off at Kaunakakai School

I acknowledge that my child/children will leave the Molokai LIVE Kakou summer program site by:

Pick up Walking Enrolled in PALS (will walk to MPC)

MEO Community Bus (check route below) **See route schedule on next page**

Afternoon Bus Route:

- Kaunakakai (will walk to MPC) to Puko`o
- Kaunakakai (will walk to MPC) to Ho`olehua/Kualapu`u/Kalae
- Kaunakakai School to Maunaloa

<i>Pukoo → Kaunakakai</i>							
<i>Route</i>	<i>Puko`o Fire Station</i>	<i>Kalua`aha Estates</i>	<i>Kilohana School</i>	<i>St. Joseph Church</i>	<i>Kawela Plantation I</i>	<i>Hotel Molokai/One Ali`i Park</i>	<i>MCC/MPC/Mid-Nite Inn</i>
1-2a	6:55AM	7:00AM	7:05AM	7:10AM	7:20AM	7:25AM	7:30AM

<i>Kaunakakai → Puko`o</i>							
<i>Route</i>	<i>MCC/MPC/Mid-Nite Inn</i>	<i>Hotel Molokai/One Ali`i Park</i>	<i>Kawela Plantation I</i>	<i>St. Joseph Church</i>	<i>Kilohana School</i>	<i>Kalua`aha Estates</i>	<i>Puko`o Fire Station</i>
1-2	2:30PM	2:35PM	2:40PM	2:50PM	2:55PM	3:00PM	3:05PM

<i>Ho`olehua/Kualapu`u/Kalae → Kaunakakai</i>					
<i>Route</i>	<i>Elia's Corner</i>	<i>Ho`olehua Post Office</i>	<i>Kualapu`u Post Office</i>	<i>Kalae (Lookout)</i>	<i>MPC/Misaki's</i>
3-1	6:55AM	7:00AM	7:05AM	7:20AM	7:40AM

**Students may be picked up anywhere along Kalae Highway. Students must be waiting on Kalae Highway—bus will not go into cul-de-sacs to pick-up.

<i>Kaunakakai → Ho`olehua/Kualapu`u/Kalae</i>						
<i>Route</i>	<i>MPC/Misaki's</i>	<i>Kulana Oihi</i>	<i>Elia's Corner</i>	<i>Ho`olehua Post Office</i>	<i>Kualapu`u Post Office</i>	<i>Kalae (Lookout)</i>
3-5	3:15PM	3:20PM	3:30PM	3:35PM	3:40PM	3:55PM

**Students may be dropped off anywhere along Kalae Highway; bus will not go into cul-de-sacs to drop-off.

<i>Maunaloa → Kaunakakai (Special Youth Transport Route)</i>				
<i>Route</i>	<i>Maunaloa Post Office</i>	<i>Elia's Corner</i>	<i>Swenson's Corner/Holomua School</i>	<i>Kaunakakai School</i>
Youth Transport	7:15AM	7:20AM	7:25AM	7:45AM

**Kalae/Kualapu`u/Ho`olehua students are encouraged to utilize the regular Ho`olehua/Kualapu`u/Kalae morning route.

<i>Kaunakakai → Maunaloa (Special Youth Transport Route)</i>				
<i>Route</i>	<i>Kaunakakai School</i>	<i>Swenson's Corner/Holomua School</i>	<i>Elia's Corner</i>	<i>Maunaloa Post Office</i>
Youth Transport	2:05PM	2:15AM	2:20AM	2:30PM

TRANSPORTATION INFORMATION cont.

Anyone riding the MEO bus will NEED a bus pass.

- ___ I will pick up a bus application packet at the MEO office.
- ___ I would like a bus application packet sent to my email.
- ___ I am requesting that a hardcopy bus application packet be sent home with my child.

Parents are responsible for submitting application to the MEO office and obtaining the necessary bus pass.

****Important note from MEO: Students under the age of 9 will not be allowed to ride the bus unaccompanied or unattended. They will need to be included on another child's/person's (over 9 years old) bus pass. Parents must provide a written consent for underage child to be accompanied by older child. More information on this policy can be obtained at the MEO office.**

EMERGENCY CONTACT INFORMATION

In the event my child becomes ill or is injured during Molokai LIVE Kakou hours, program authorities have my permission to contact and release my child to the custody of one of the following people (list in order):

1. (Parent #1) _____ Relationship: _____
Phone #1: _____ Phone #2: _____
2. (Parent #2) _____ Relationship: _____
Phone #1: _____ Phone #2: _____
3. (Contact #3) _____ Relationship: _____
Phone #1: _____ Phone #2: _____
4. (Contact #4) _____ Relationship: _____
Phone #1: _____ Phone #2: _____

FIELD TRIP AUTHORIZATION

In an effort to provide our students with various educational opportunities, we are planning site visitations to multiple areas around our community. During the Molokai LIVE Kakou summer program, students will be walking to, but not limited to, the following Kaunakakai areas:

- Wharf
- Stream
- Public Library
- State Building
- Stores in the town
- Post Office & Banks
- Police Station
- Fire Station
- Ball Park
- Mitchell Pauole Center & County Parks & Recreation
- Home Pumehana
- Molokai Community Health Center
- Koheo Wetlands
- University of Hawaii, Maui College
- Molokai General Hospital

Students will be on campus for Breakfast and Lunch daily. Field trips will not affect provided meals and meal times.

A reminder will be sent home, to encourage students to wear shoes and have sun protection, in order to be prepared for being outdoors and off-campus.

Attached is a general field trip authorization form, that will allow your child to participate in ALL walking field trips planned for the Molokai LIVE Kakou summer program.

My signature acknowledges that I am authorizing my child to participate in walking field trips to the places listed above. I understand that field trips will be scheduled during various days throughout the Molokai LIVE Kakou summer program. I understand that individual forms for field trips will not be sent home, and that my signature here, and completion of the attached parent authorization form pertains to all field trips during the Molokai LIVE Kakou summer program.

Parent Signature: _____ Date: _____

The attached waiver for Papahana Kualoa must also be completed, for our partnership with community and cultural resource, Penny Martin.



Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

Friday, April 18, 2019 to Molokai LIVE Kakou Summer Program Coordinators

(Date)

(Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: Walking Visits to Kaunakakai Businesses & Town School: Summer Program Site - Kaunakakai School

Organization: Molokai LIVE Kakou & Papahana Kualoa Place: Kaunakakai Town, Businesses, Wharf/Stream, MCHC, etc.

Teacher/Advisor: Molokai LIVE Kakou Summer Staff Dates: June 10 - July 12, 2019 Times: 8-11am / 12-2pm

Mode of Transportation: Walking a. Transportation... (\$ 0)

See attached page in initial application packet for other field trip sites. Parent signature b. Entrance Fee..... (\$ 0)

at the bottom of this form acknowledges permission for all sites listed on attached form. c. Other Costs..... (\$ 0)

d. Total Cost..... (\$ 0)

Parental Permission

(To be completed by Parent/Legal Guardian)

Name of Student: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Check as appropriate: (Please include relationship)

- My son/daughter has permission to attend the above activity.
- My son/daughter DOES NOT have permission to attend the above activity.

Medical Insurance Coverage

- My child has medical coverage with: _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)
- My child is not covered by any medical insurance plan.

Private Vehicle Usage

- My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
- My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

Teacher Acknowledgment for Student Travel

(To be completed by subject teachers, if applicable)

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Home Room: _____ Period 4: _____

Period 1: _____ Period 5: _____

Period 2: _____ Period 6: _____

Period 3: _____ Period 7: _____



Papahana Kuaola - Lelekamanu

School/Organization	Grade	Teacher Name	Date(s) of Site Visit
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Please print the following information:

Participant's first, middle, last name _____ Date of birth (mm/dd/yy) M F _____ Zip code _____

Identify your child's ethnicity by checking all that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other |

Age Category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-natal - 2 years old | <input type="checkbox"/> Grades 4 - 5 | <input type="checkbox"/> Post High (Enrolled in College/University) |
| <input type="checkbox"/> 3 - 4 years old | <input type="checkbox"/> Grades 6 - 8 | <input type="checkbox"/> Adult/Parent/Kupuna |
| <input type="checkbox"/> Kindergarten - Grade 3 | <input type="checkbox"/> Grades 9 - 12 | <input type="checkbox"/> Educator/Teachers/Aids/School Staff |

EMERGENCY CONTACT

Name of primary emergency contact	Relationship to participant	Cell/Preferred phone
Name of secondary emergency contact	Relationship to participant	Cell/Preferred phone

MEDICAL INFORMATION

Hospital/Clinic preference	Physician's name	Phone number
Insurance company	Policy number	

Allergies/Special health considerations _____

Medication(s) taken regularly _____

IMPORTANT: Please be advised that *Leptospira* bacteria may be present in fresh water and mud in Hawai'i. Open wounds should be kept out of the water and mud.

➔ I do ____/do not ____ (initial one) give permission for the Papahana Kuaola-Lelekamanu Program to use photographs taken of my child on the specified field trip(s) in its non-profit work.

AUTHORIZATION

I give permission for my child to participate in the specified field trip(s). I understand and acknowledge that doing so involves inherent risks of injury to my child. I release the landowner(s), and Papahana Kuaola, its staff, and Board of Directors from liability in case of an accident during activities, as long as normal safety procedures have been followed. I authorize all medical and surgical treatment as may be performed or prescribed by the attending physician and/or paramedics. I waive my rights to informed consent of treatment for my child only in the event that I or Emergency Contacts (above) cannot be reached in the case of an emergency. My signature below indicates that I have read, understood and freely signed this form.

PRINT Parent's/Guardian's name	SIGNATURE of Parent/Guardian	DATE
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STUDENT SUPPORT & BEHAVIOR

Read and initial each item below:

____ I understand that every effort will be made to accommodate my child's needs, however, in the event that resources cannot be retained, my child may be removed from the program.

____ I understand that conduct that disrupts the program's activities or jeopardizes the safety and welfare of the program's staff or participants, may result in my child's termination from the program.

____ I understand that for the health and safety of my child and other participants in the program, Hawaii Administrative Rule Chapter 19 will prevail.

____ I understand that personal items (including, but not limited to electronic items, toys, etc.) are not allowed. The Molokai LIVE Kakou program and staff will not be held responsible for any items that are missing or damaged, as a result of my child taking any personal items to program.

____ I understand that I may contact the program site coordinator if I have any concerns or questions regarding my child.

____ I acknowledge that I will contact the program site coordinator if my child will be absent.

____ I understand that this program is FREE and that my child and I and/or other family members are encouraged to attend a parent workshop and student showcase family night on Thursday, July 11, 2019.

I acknowledge that the information provided in this application packet is true and complete. I understand that submitting this application does not guarantee my child's enrollment in the Molokai LIVE Kakou summer program, and that enrollment depends on space availability.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

Return form to school with your child or send forms or questions to:
Joanie Tanabe - Email: 21century.tanabe@gmail.com or Text/Call: (808) 658-6688