

Keiki Steps Registration 2008–2009

Site: _____

Dear Parent or Guardian.

Welcome to Keiki Steps! We appreciate you taking the time to complete this registration form to enroll your child/ren in our program. Please let us know if you have any questions or need any assistance. **Please use the child's or person's legal name.**

CHILD INFORMATION

Child ID#: _____

Reg ID# _____

First Name

Middle Name

Last Name

Name Child Goes By

Birth Date

CURRENT IMMUNIZATION

YES NO

TB

YES NO

Reading Date: _____

Copy of Birth Certificate

YES NO

Medical Insurance:

HMSA

UHA

Other: _____

KAISER

NONE

Ethnicity: *(Select all that apply)*

African American

Filipino

Portuguese

American Indian

Hawaiian/Part Hawaiian

Samoan

Caucasian

Japanese

Spanish/Puerto Rican

Chinese

Korean

Other: _____

Attends Early Childhood Programs: *(Select all that apply)*

Not Using other programs

Healthy Start

Other: _____

0-3 Program

HIPPY

Early Intervention

Pulama I Na Keiki

Does your child have Special Needs? If yes, describe. Yes No

Does your child have Food Allergies? If yes, describe. Yes No

PARENT/CAREGIVER INFORMATION

MOTHER/CAREGIVER

First Name

Last Name

Birth Date

Native Hawaiian?

Yes No

Participant with Child?

Yes No

If Participant, TB Clearance?

Yes No

Street Address

Home Number

City, State

Zipcode

Mobile Number

Medical Insurance:

HMSA

UHA

Other: _____

KAISER

NONE

Do you receive General Assistance (GA) or Temporary Assistance to Needy Family (TANIF)?

Yes No

Are you employed? Yes No

Hobbies or Talents: _____

FATHER/CAREGIVER

First Name

Last Name

Birth Date

Native Hawaiian?

Yes No

Participant with Child?

Yes No

If Participant, TB Clearance?

Yes No

Street Address

Home Number

City, State

Zipcode

Mobile Number

Medical Insurance:

HMSA

UHA

Other: _____

KAISER

NONE

Do you receive General Assistance (GA) or Temporary Assistance to Needy Family (TANIF)?

Yes No

Are you employed? Yes No

Hobbies or Talents: _____

Primary Participant with Child (If other than Parent/Guardian)

First Name	Last Name	Relationship
Birth Date	Home Phone#	Mobile Phone#

Medical Insurance:

HMSA UHA Other: _____
 KAISER NONE

Degree:

High School Bachelor's (BA/BS) Doctorate
 GED Masters
 Associates (AA) Professional

TB Clearance Received? Yes No

Do you receive General Assistance (GA) or Temporary Assistance to Needy Family (TANIF)?

Yes No

Are you employed? Yes No

Hobbies or Talents: _____

EMERGENCY CONTACT INFORMATION: *Other than person attending program*

First Name	Last Name	Relationship to Child
Home Phone#	Work Phone#	Mobile Phone#

(Second Emergency Contact)

First Name	Last Name	Relationship to Child
Home Phone#	Work Phone#	Mobile Phone#

FAMILY INFORMATION

Please check the income level corresponding to the combined yearly income of the child's parents. This includes Temporary Assistance to Needy Families (TANF), and other sources of income.

- Less than \$9,999 \$25,000 – \$54,999 \$75,000 and above
 \$10,000 – \$24,999 \$55,000 – \$74,999

Including your child(ren), how many persons are living in your household?

Starting with your child, please list the following information for every person living in your household. Include all adults and children living in your household.

	First Name	Last Name	Relation to Child	Birthdate	Sex M or F	Employed Y or N	Highest Grade Completed
1							
2							
3							
4							
5							
6							
7							
8							

Please Help Us Serve You Better By Answering These Questions:

How did you hear about the program? (Check all that apply)

- Advertisement Keiki Steps Staff Radio Newspaper
 Family/Friend Other Program (ie: Pulama) TV

What is your No. 1 reason for participating in Keiki Steps/Sparks? (Check all that apply)

- Self-esteem for my child A chance to spend time with my child
 Discipline for my child A chance for my child to interact with others
 Prepare my child for Pre-school/Kindergarten A chance for me to learn more about my child

As a Parent, what would you like to learn more about? (Check all that apply)

- How to be a Better Parent How Children Learn
 Resources Available in my Community Positive Discipline
 How to Prepare my Child for School Cooking Healthy for my Family
 Other: _____

CONSENT AND RELEASE

I understand I am registering to enroll my child as a participant in the Keiki Steps and/or SPARK Project(s) offered by the Institute for Native Pacific Education and Culture (know thereafter as INPEACE). I understand that the information on this form is confidential and will be used to improve and support the Keiki Steps and/or SPARK project(s). I understand and agree that I or the person(s) named on this form will be attending the program with my child, and my child will not be under the supervision of the Keiki Steps and/or SPARK staff. I understand and agree that I am totally responsible for the safety and welfare while attending, and I release the Keiki Steps and/or SPARK staff, now and forever from any accident injury and harm to myself/responsible person(s) attending with my child or my child while attending the Keiki Steps and/or SPARK Program(s).

X Signature: _____

Date: _____

MULTIMEDIA RELEASE

I, for myself and for my respective heirs, executors, administrators and assigns, do hereby give full right and permission to INPEACE to use my likeness, voice and/or name; photographed, taped, recorded or otherwise memorialized for use including but not limited to print, education, advertising, research, websites, non-theatrical, home video, public relations, new articles, telecasts and any other electronic medium presently in existence or invented in the future for the life of INPEACE. I release, acquit and forever discharge INPEACE, it's board members, officers, employees, agents and those acting on behalf of INPEACE, from any or all claims, actions, causes of action and liabilities, of whatsoever kind or nature, arising out of any use of my likeness, voice and/or name; photographed, taped, recorded or otherwise memorialized, for advertising, publicity, trade or any other lawful purpose, in any medium now known or hereafter to be developed.

I understand this release form is not a contract of employment. I recognize that I assume any risk involved with the activity that is photographed, taped, recorded or otherwise memorialized and that I am responsible for any injury or damage directly or indirectly arising out of such activity and I hold INPEACE, their board members, officers, employees, agents, and those acting on behalf of INPEACE harmless from any and all liability.

I waive all rights I may have to any claims for payment of royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or rental is charged. I waive any right I may have to inspect and approve the finished product or such written or spoken copy that may be used in connection therewith, the use to which it may be applied.

I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Parent Name: _____

X Signature: _____

Date: _____

Child's Name: _____