



Keiki Steps to Kindergarten 2010 Student Registration

INPEACE USE ONLY:	
School ID # _____	_____
Student ID# _____	_____
Parent ID# _____	_____
Date of Input _____	_____

School child is registered to attend kindergarten at: _____

Has child participated in INPEACE's Keiki Steps Preschool Program? Y or N

The following will be used for survey purposes only: Is child Hawaiian or Part-Hawaiian? Y or N

How did you hear about the program? Radio Relative/Friend Banners / Flyers Other: _____

Has a sibling or other relative participated in KSTK in a previous year? Y or N

Child's Full Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Male or Female: _____

Parent/Guardian's Name: _____ Relationship: _____

Mailing Address: _____
Street / POB City Zip Code

Home Phone: _____ Mobile: _____ Work: _____

Other Emergency Contact Name: _____ Relationship: _____

Home _____ Mobile _____ Work _____

My child is allergic to (food/medications, etc): _____

Any special needs or medical requirements: _____

The following person(s) are authorized to pick up my child:

First & Last Name	Relationship	Phone #
First & Last Name	Relationship	Phone #

Please indicate below which experiences your child has had:

Preschool Information: _____	Name	Dates Attended (Mo/Yr)	# of hours per week
Family/Baby-Sitter: _____	Name	Dates Attended (Mo/Yr)	# of hours per week
Parent-Child/Play & Learn: _____	Name	Dates Attended (Mo/Yr)	# of hours per week

I will participate in MANDATORY parent sessions that the school provides while my child participates in Keiki Steps to Kindergarten

Parent/Guardian Signature Date

(SEE BACK OF REGISTRATION FORM)

*****PLEASE RETURN FORM TO THE ELEMENTARY SCHOOL OFFICE BY: _____**

Multiple Media Release Form

I give consent allowing INPEACE to use of my likeness in media such as interviews, voice recordings, video, photographs etc, for use including but not limited to print, education, advertising, research, websites, public relations, news articles, telecasts and any other electronic medium presently in existence or invented in the future for the life of INPEACE and its programs.

I further release INPEACE, their officers, employees, and each and all persons involved from any liability connected with the acquisition of said media.

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 also waive any rights to inspect or approve said media, person or entity designated by it. I release and discharge INPEACE and/or its affiliate(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise that may occur to be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints, video, film, or sound recording are the property of INPEACE or the person or entity designated by it, solely and completely.

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.

Subject's Printed Name: _____	
Address: _____	Phone: _____
_____	_____
Signature: _____	Date: _____
If under 18, the parent or legal guardian, if any, must sign.	
Parent/Guardian Printed Name: _____	
Address: _____	Phone: _____
_____	_____
Signature: _____	Date: _____
Witness Signature: _____	
Witness Printed Name: _____	