



2017 Kahua Le'ale'a Summer Nature Camp

Mālamapōki'i preschool at Kanu o ka 'Āina New Century Public Charter School believes that children's brains, bodies, and spirits are developed through play. The Summer Nature Camp is all about **play** and the **natural environment**. Camp students will be playing (aka, learning) in the outdoor classroom (Kahua Le'ale'a) for the entirety of the camp session. Here, children will be encouraged to get messy, to experiment, to imagine, to wonder, to get creative, and to take healthy risks!

Interested families need to complete and return the Enrollment Form to Mālamapōki'i by **May 12th**. There are 3 one-week camp sessions available (12 spots per session). Camp takes place from Monday through Friday, 8am to noon. Please rank in order of preference the camp session your child can attend. Children will be selected to participate based on your preference and availability. Sessions will be filled on a first come, first serve basis. This is a FREE camp. Children must be 3- or 4-years old on June 1st AND be bathroom independent.

Drop off is between 7:45am and 8am. Pick-up is between noon and 12:15p. Please send your child to school with a healthy snack (e.g., fresh fruit, vegetables, yogurt, cheese and crackers) and a water bottle. Lunch will not be provided, although your child is welcome to bring a home lunch.

Because children will be outdoors, please send your child to camp prepared for all weather. All personal items need to be labeled with your child's name. Children will be encouraged to go barefoot. Please send your child to camp with the following:

- Two sets of extra set of clothes (shirt, pants, underwear)
- Backpack
- Jacket, sweater, windbreaker, or rain coat
- Hat, sunglasses, etc.
- Water bottle
- Rubber slippers and/or rubber boots
- Apply sunscreen at home

Please contact Debbie Lawrence with any questions and/or concerns. She can be reached at (808) 936-4398 or debbo52553@hotmail.com.



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ENROLLMENT FORM

Name of Student: _____ Date of Birth: _____

Sex (circle one): Boy Girl School and Grade (in Fall 2017): _____

Name of Parent(s)/Legal Guardian(s): _____

Best Phone # : _____ Email Address: _____

Is your child eligible for Free and/or Reduced Lunch? Yes No Don't Know

Is your child of Native Hawaiian ancestry? Yes No Don't Know

Rank in order of preference (1=first choice and 3=last choice) the summer session you would like your child to enroll in (please do not rank any weeks where s/he is unable to attend):

____ June 5 to 9

____ June 12 to 16

____ June 19 to 23

Does your child have health insurance? Yes No

If yes, name of health insurance provider _____ Policy Number _____

List any allergies/allergic reactions to food, medication, or environment (e.g., bees, pollen, tree sap):

In case of emergency, Contact Name: _____

Phone Number: _____

Accident Release, First Aid, and Financial Responsibility Waiver

Should it be necessary for my child to have medical treatment while participating in the summer nature camp, I hereby give the person(s) in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the Physician. In addition, I hereby release and discharge Mālamapōki'i and any and all agents from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child as a result of participation in the summer program.

Signature and Today's Date

Printed Name

Please return completed form to the KALO Office or Mālamapōki'i