

Conference Days

October 30th & 31st

'Aikahi Elementary School



How to Register

All participants must have a registration form on file (a new one must be completed annually). If you are new to *DREAM Co.'s Holiday Programs*, you may pick-up a registration form (one per child) from our A+ Office in the Aikahi School Cafe (open afterschool until 5:30 pm). This form is different from the A+ form required by the state. Registration forms can also be downloaded from our website.

Participants must be paid and registered prior to the Registration Deadline in order to ensure a space with the program. Registration received after the due date will be assessed a \$10 late fee per order and will be accepted on a space available basis.

Complete and send payment coupon (below), registration form, and payment to *DREAM Co.* on or before the due date. Payment may also be made online at dreamcohawaii.org. Forms and payments may also be dropped off at the Aikahi A+ Office in the school's cafe.

DREAM Co.

P.O. Box 1652

Kaneohe, HI 96744

<http://dreamcohawaii.org>

Phone: 420-1995

Toll Free Fax: 1-866-583-0212

Activities Include

Sports
Games
Crafts
and More!!!

Program Fees

\$40 per day

Program Hours

7 am - 5:30 pm
Daily

Students must bring lunch and snacks (morning & afternoon) and must be able to participate safely in a 1:20 staff to student ratio.

REGISTRATION DEADLINE

October 17, 2025

Parent Conference Days 2025

Aikahi Elementary School
October 30th & 31st

REGISTRATION DEADLINE

October 17, 2025

I would like to register my child(ren) for DREAM Co.'s Parent Conference Days Program

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Child's Name _____

Grade _____

DAILY RATES (\$40 per day)

Please check all days your child will be attending. Participants requesting registration will be accepted on a space available basis after the payment deadline.

☐ October 30

☐ October 31



P.O. Box 1652 + Kaneohe, Hawaii 96744
Ph: 808-420-1995 + Toll Free Fax: 1 (866) 583-0212
<http://dreamcohawaii.org>

Payment Options: (Please check one)

☐ Cash (Do not mail cash)

☐ Visa/MC

I authorize DREAM Co. to bill the card listed below as specified:

Amount:

\$ _____

Be sure to include \$10 late fee if registration is placed after Registration Deadline. Otherwise your registration will not be accepted.

Credit card type:



Exp. Date: _____

Card Number: _____

CSV 3 Digit Code: _____

Name: (as it appears on card)

Zip Code: (of your billing address)

Signature: _____

Date: _____

DREAM Co. Refund Policy

Withdrawal TEN (10) days prior to the first day of program 100%

Withdrawal FIVE (5) days prior to the first day of program 50%

Withdrawal thereafter NO REFUND