



Keahiakawelo-  
ka lāma o Lānaʻi

**LĀNAʻI CULTURE & HERITAGE CENTER AND PARTNERS  
E ʻIKE HOU IĀ LĀNAʻI “TO KNOW LĀNAʻI ONCE AGAIN”  
2018 CULTURAL LITERACY PROGRAM APPLICATION  
JULY 9 - 20, 2018**

**Please complete this application form and return to the  
Lānaʻi Culture & Heritage Center by Friday June 1<sup>st</sup>, 2018  
(early submittals receive first preference)**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First Middle

Gender: Female \_\_\_ Male \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Current Grade (2018-2019) \_\_\_\_\_

G.P.A. (Summer 2018) \_\_\_\_\_ Shirt Size \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Student's Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

**FAMILY INFORMATION (for students under the age of 18)**

Head of Household/Guardian's Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Additional Emergency Contacts**

1) Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

2) Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL INFORMATION**

Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name: \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Membership Plan # \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Please list all medication your child is presently taking.

Medicine	Illness
_____	_____
for	_____
_____	_____
for	_____

Lānaʻi Culture & Heritage Center will not dispense any medication to your child, including aspirins and medicine. Your child must bring his or her own medication in clearly labeled containers. During the program, be sure your child has enough medication to last during the session.

Please list any allergies you or your child may have. \_\_\_\_\_

Please list any challenges you have which may prevent you from participating in activities.

**APPLICANT QUESTIONNAIRE**

1. Can you commit to the full four-week course (July 9 - 20, 2018)  
Note, preference will be given to students who can attend the program in full.
2. Can you swim? How comfortable are you in the ocean? Explain.
3. In a few paragraphs, describe in detail why do you want to be part of E 'IKE HOU IĀ LĀNA'I?  
Please note that how you answer may help determine your eligibility for the program.

**STUDENT COMMITMENT**

I, \_\_\_\_\_, would like to be part of the E 'Ike Hou Iā Lāna'i 2018 Cultural Literacy Program and take up the responsibility to care for the land and our history and to learn from the good examples of my teachers and our kūpuna.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT APPROVAL (for students under the age of 18)**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, release Lānaʻi Culture & Heritage Center, Lānaʻi High & Elementary School, and all staff members, volunteers, and organizations connected with the E 'Ike Hou Cultural Literacy Program from any claim for damages, liability, injury, expense, or loss on account of negligence that may occur while my child is attending E 'Ike Hou Iā Lāna'i Programs. In case of accident or need of medical attention, I give permission to Lānaʻi Culture & Heritage Center staff to take my/our student to a doctor, dentist, and/or emergency medical facility if unable to contact anyone listed. I give permission for my child to participate in field trips associated with the program and for Lānaʻi Culture & Heritage Center to transport my child in a non-school approved vehicle as they deem necessary.

Parent/Guardian Signature \_\_\_\_\_