

Spring Break 2024

Aikahi Elementary School
March 18th - March 22nd, 2024



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.

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.

A \$10 Late Fee will be assessed on registrations received after the registration deadline and will be accepted on a space available basis only. Participants must be paid and registered prior to ensure a place in the program.

Please make checks payable to:

DREAM Co.
P.O. Box 1652
Kaneohe, HI 96744
<http://dreamcohawaii.org>

Phone: 263-3663 Toll Free Fax: 1-866-583-0212



Activities Include

Sports
Games
Crafts
Special In-House Activity
And more!

Program Fees

\$165 per child
(Full Program)

Daily Rate

\$35 per day

Program Hours

7 am - 6 pm
Daily

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

REGISTRATION DEADLINE
MARCH 1, 2024

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

Child's Name _____	Grade _____	Child's Name _____	Grade _____
Child's Name _____	Grade _____	Child's Name _____	Grade _____

DAILY RATES (\$35/day)

Check days your child will be attending. Payments received after March 1, 2024 will be assessed a \$10 Late Fee and will be accepted on a space available basis.

March 18 (Mon) March 19 (Tue) March 20 (Wed) March 21 (Thurs) March 22 (Fri)

FULL PROGRAM RATE (\$165 per child)

Full Program - Payments received after March 1, 2024 will be assessed a \$10 Late Fee and will be accepted on a space available basis.

Payment Options: (Please check one)

Cash (Do not mail cash) Visa/MC



P.O. Box 1652 + Kaneohe, Hawaii 96744
Ph: 808-263-3663 + Toll Free Fax: 1-866-583-0212
<http://dreamcohawaii.org>

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

I authorize DREAM Co. to bill the card listed below as specified:	
Amount: \$	
Credit card type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Exp. Date: _____
Card Number: _____	CSV 3 Digit Code: _____
Name: (as it appears on card)	Zip Code: (of your billing address)
Signature: _____	Date: _____