

# Conference Days

October 31st & November 1st

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



### Activities Include

Sports  
Games  
Crafts  
and More!!!

### Program Fees

**\$40 per day**

### Program Hours

7 am - 6 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 20, 2024

## Parent Conference Days 2024

Aikahi Elementary School  
October 31st & November 1st

#### REGISTRATION DEADLINE

October 20, 2024

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 31       November 1



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### 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