



Fall Break 2016

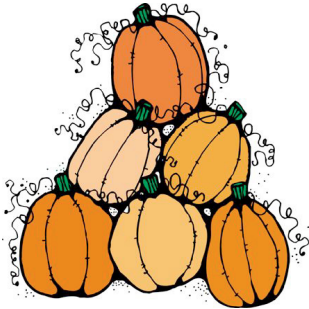
Aikahi Elementary School

October 10th - October 14th, 2016

Activities Include

Field Trip: Pumpkin Patch
(Subject to Change)

Sports, Cooking, Games, Crafts,
Water Play, and More!!!



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



Program Fees

Full Program - \$155

Daily Rate - \$35 per day

Program Hours

Daily (7 am - 6 pm)



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.

Please make checks payable to:

DREAM Co.

P.O. Box 565

Kailua, HI 96734

<http://dreamcohawaii.org>

Phone: 263-3663

Toll Free Fax: 1-866-583-0212

REGISTRATION DEADLINE

September 30, 2016

Fall Break 2016

Aikahi Elementary School
October 10th - October 14th, 2016

REGISTRATION DEADLINE

September 30, 2016

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

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

DAILY RATES (\$35 per day)

Please check all days your child will be attending. Participants requesting daily rates will be accepted on a space available basis after September 30, 2016.

☐ Oct. 10 (Mon) ☐ Oct. 11 (Tue) ☐ Oct. 12 (Wed) ☐ Oct. 13 (Ths) ☐ Oct. 14 (Fri)

FULL PROGRAM

☐ Full Program - \$155 (Accepted on a space available basis after September 30, 2016)



P.O. Box 565 + Kailua, Hawaii 96734
Ph: 263-3663 + Toll Free Fax: 1 (866) 583-0212
<http://dreamcohawaii.org>

Payment Options: (Please check one)

☐ Check/M.O. ☐ 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: <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: _____

DREAM Co. Refund Policy

Withdrawl TEN (10) days prior to the first day of program 100%
Withdrawl FIVE (5) days prior to the first day of program..... 50%