

# 2025 Summer Program

Aikahi School Program Site



## Summer Program

June 2 -

July 25, 2025

7 a.m. to 5:30 p.m. daily

### No Program:

June 11, 2025 (Kamehameha Day)

July 4, 2025 (Independence Day)



## How to Register

DREAM Co. Summer Program registration may be mailed or delivered in person on any A+ day from 3:00 pm - 5:30 pm. Please see details below.

All participants must complete a new registration form. Forms are available at the A+ office or can be downloaded from our website (one form per child). All accounts must be in good standing.

Due to limited space, registration (completed form and payment) will be accepted on a first-come, first-served basis. Should all available spaces become filled, you may be added to a waitlist.

Participants must also complete a Summer Payment Worksheet (on back). Bring completed forms with you to the Aikahi A+ Office or you may mail payments to the address below.

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

## DREAM Co.

P.O. Box 1652

Kaneohe, HI 96744

Phone: (808) 420-1995

Toll Free Fax: 1-866-583-0212

<http://dreamcohawaii.org>



Acceptable methods of payments include:  
Cash, M.O., or Credit Card (Visa & MC)

## Summer Activities

There are daily indoor and outdoor activities for everyone. Activities include:

- ◆ Sports & Games
- ◆ Arts & Crafts
- ◆ Cooking
- ◆ Water Play
- ◆ Movie & Popcorn
- ◆ Special Activities

## Special Activities

This summer, DREAM Co. has decided that it will provide a mix of special activities ... some on-site activities and some field trips. This allow us to better control the environment to ensure the activities are safe and fun for everyone involved.

Special activities will be posted during the week and shared with participants. Please note that all special activities are subject to change. Please see the information board for more information.

## Register Your Child Today!!!

Registration Deadline: May 9, 2025

Participants must be paid and registered by May 9, 2025 in order to ensure a space in the program. Payments received after May 9th are subject to a \$10 Late Fee and will be accepted on a space available basis. Mahalo!

**\$100 off**  
Full Program  
Registration

Paid registration for Full Program  
registration received on or before  
May 9, 2025  
receives \$100 off the regular price!



P.O. Box 1652 + Kaneohe, HI 96744  
 Phone: 808-420-1995 + Toll Free Fax: 1-866-583-0212  
<http://dreamcohawaii.org>  
 Federal ID No. 99-0341179  
 State ID No. GE-051-530-5472-01

# Summer Payment Worksheet

Aikahi School Program Site

I would like to register my child for the Summer 2025 DREAM Co. Program

### DAILY FEES (\$40 per day)

Please check all days you are requesting for your child.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> June 2 (Mon)  | <input type="checkbox"/> June 3 (Tue)  | <input type="checkbox"/> June 4 (Wed)  | <input type="checkbox"/> June 5 (Ths)  | <input type="checkbox"/> June 6 (Fri)  |
| <input type="checkbox"/> June 9 (Mon)  | <input type="checkbox"/> June 10 (Tue) | June 11 Kamehameha Day                 | <input type="checkbox"/> June 12 (Ths) | <input type="checkbox"/> June 13 (Fri) |
| <input type="checkbox"/> June 16 (Mon) | <input type="checkbox"/> June 17 (Tue) | <input type="checkbox"/> June 18 (Wed) | <input type="checkbox"/> June 19 (Ths) | <input type="checkbox"/> June 20 (Fri) |
| <input type="checkbox"/> June 23 (Mon) | <input type="checkbox"/> June 24 (Tue) | <input type="checkbox"/> June 25 (Wed) | <input type="checkbox"/> June 26 (Ths) | <input type="checkbox"/> June 27 (Fri) |
| <input type="checkbox"/> June 30 (Mon) | <input type="checkbox"/> July 1 (Tue)  | <input type="checkbox"/> July 2 (Wed)  | <input type="checkbox"/> July 3 (Ths)  | July 4 (No Program)                    |
| <input type="checkbox"/> July 7 (Mon)  | <input type="checkbox"/> July 8 (Tue)  | <input type="checkbox"/> July 9 (Wed)  | <input type="checkbox"/> July 10 (Ths) | <input type="checkbox"/> July 11 (Fri) |
| <input type="checkbox"/> July 14 (Mon) | <input type="checkbox"/> July 15 (Tue) | <input type="checkbox"/> July 16 (Wed) | <input type="checkbox"/> July 17 (Ths) | <input type="checkbox"/> July 18 (Fri) |
| <input type="checkbox"/> July 21 (Mon) | <input type="checkbox"/> July 22 (Tue) | <input type="checkbox"/> July 23 (Wed) | <input type="checkbox"/> July 24 (Ths) | <input type="checkbox"/> July 25 (Fri) |

Please check all WEEKS you are requesting for your child.

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1 (June 2 - June 6) ..... \$190   | <input type="checkbox"/> Week 5 (June 30 - July 4) ..... \$150  |
| <input type="checkbox"/> Week 2 (June 9 - June 13) ..... \$150  | <input type="checkbox"/> Week 6 (July 7 - July 11) ..... \$190  |
| <input type="checkbox"/> Week 3 (June 16 - June 20) ..... \$190 | <input type="checkbox"/> Week 7 (July 14 - July 18) ..... \$190 |
| <input type="checkbox"/> Week 4 (June 23 - June 27) ..... \$190 | <input type="checkbox"/> Week 8 (July 21 - July 25) ..... \$190 |

<input type="checkbox"/> <b>FULL PROGRAM</b> June 2 - July 25, 2025 (38 days) <b>\$1400</b> (per child)	<b>EARLY REGISTRATION</b> <b>Full Program Early Registration Discount</b> <b>\$100 off Full Program if paid by May 9, 2025</b>
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Participant: \_\_\_\_\_  
One form per child

Grade Completed: \_\_\_\_\_

Participants must be paid and registered in order to ensure a space in the program. Payments will be accepted on a space available basis. You will be notified by the Aikahi Site Coordinator regarding your acceptance into the program.

Daily Fees ( _____ days x \$40)=	\$ _____
Weekly Fees	\$ _____
Full Program Early Rate <small>(\$1300 on or before May 9th; \$1400 after May 9th)</small>	\$ _____
Late Registration Fee (\$10)	\$ _____
<b>AMOUNT DUE: \$ _____</b>	

Payment Options: *(Please check one)*  
 Visa/MC       Cash *(Do not mail cash)*

I authorize DREAM Co. to bill the card listed below as specified:	
Amount:	\$ _____
Credit card type:	<input type="checkbox"/> <input type="checkbox"/>
Exp. Date:	_____
Card Number:	_____
CSV 3 Digit Code:	_____
Name: <i>(as it appears on card)</i>	Zip Code: <i>(of your billing address)</i>
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%  
 Withdrawl thereafter ..... NO REFUND