



# Fall Break 2024

## 'Aikahi Elementary School October 7<sup>th</sup> - October 11<sup>th</sup>, 2024

#### **Activities Include**

Sports, Games, Crafts, and More!!!



Students must 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 - \$185 Daily Rate - \$40 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.

DREAD Co. P.O. Box 1652 Kaneohe, HI 96744

http://dreamcohawaii.org

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

REGISTRATION DEADLINE
September 27, 2024

#### Fall Break 2024

`Aikahi Elementary School October 7<sup>th</sup> - October 11<sup>th</sup>, 2024 REGISTRATION DEADLINE September 27, 2024

I would like to registe	r my child(ren) for DREAM	Co.'s Fall Break	Program			
Child's Name		Grade	Child's	s Name		Grade
Child's Name		Grade	Child's	s Name		Grade
DAILY RATES (\$ Please check all days your Oct. 7 (Mon)	<b>540 per day)</b> child will be attending. Participa  Oct. 8 (Tue)	ants requesting daily		cepted on a space available	basis after the registratio	
FULL PROGRAI	<u>M</u>	Pa	vment Optio	ns: (Please check one)		
Full Program - \$185 (Accepted on a space availabases after the registration		ole	Cash (Do not mail cash) Visa/MC			
			I authorize DREAM Co. to bill the card listed below as specified:			
Dr	Sam Co.	Ar	mount:	F	Be sure to include \$10 late feet blaced after Registration Deacyour registration will not be ac	lline. Otherwise
	COTTTOO!	Cı	redit card type:		Exp. Date:	

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:	MasterCard Exp. Date:						
Card Number:	CSV 3 Digit Code:						
Name: (as it appears on card)	Zip Code: (of your billing address)						
Signature:	Date:						