

# Conference Days

## November 2 & 3, 2017

### 'Aikahi Elementary School Cafe



#### 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](http://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



#### Activities Include

Sports  
Games  
Crafts  
and More!!!

#### Program Fees

**\$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

October 27, 2017

### Parent Conference Days 2017

Aikahi Elementary School  
November 2 & 3, 2017

#### REGISTRATION DEADLINE

October 27, 2017

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 (\$35 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.

☐ November 2

☐ November 3



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: _____	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**