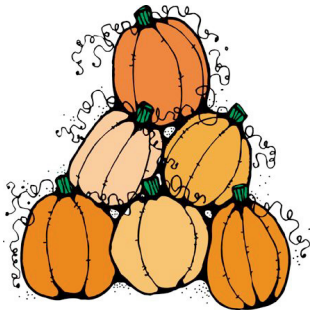
Fall Break 2025

`Aikahi Elementary School
October 6th - October 10th, 2025

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 - 5:30 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.

DREAM Co.
P.O. Box 1652
Kaneohe, HI 96744
http://dreamcohawaii.org
Phone: 420-1995 Toll Free Fax: 1-866-583-0212

REGISTRATION DEADLINE
September 26, 2025

Fall Break 2025
`Aikahi Elementary School
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REGISTRATION DEADLINE
September 26, 2025

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 ($40 per day)

Please check all days your child will be attending. Participants requesting daily rates will be accepted on a space available basis after the registration deadline.

☐ Oct. 6 (Mon) ☐ Oct. 7 (Tue) ☐ Oct. 8 (Wed) ☐ Oct. 9 (Ths) ☐ Oct. 10 (Fri)

FULL PROGRAM

☐ Full Program - $185 *(Accepted on a space available bases after the registration deadline)*

P.O. Box 1652 + Kaneohe, Hawaii 96744
Ph: 420-1995 + Toll Free Fax: 1 (866) 583-0212
http://dreamcohawaii.org

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*

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