

Conference Days

November 1 & 2, 2018

'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. 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 19, 2018

Parent Conference Days 2018

Aikahi Elementary School
 November 1 & 2, 2018

REGISTRATION DEADLINE

October 19, 2018

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 1 November 2



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