



Presented by East Hawai'i Cultural Center and UH Hilo Center for Community Engagement (CCE)

Youth Arts Series: Fall Break 2019 Halloween Camp

October 7- 11

Registration Deadline: Tuesday, September 24, by 4:00 PM

Monday-Friday, 8:00AM- 2:00PM

Ages 7-11

Enrollment Fee:

\$160.00 EHCC Member (Parent or Guardian who is registering the student)

\$185.00 Non EHCC Member

EHCC Membership form is attached, see page 3, also available in the office or main gallery.

Classes may be canceled if minimum enrollment is not met, in the event of which the enrollment fee will be refunded. Membership purchased at the time of registration is non-refundable.

Membership will remain valid for one calendar year. Please see our website for complete refund policy information.

Course Listing:

- Monster Making- Bella Freedman
- Mask Making- Mary Milelzcik
- Mixed Media Decorations- Kellie Miyazu
- Dance - Instructor TBD

Daily Schedule for YAS: Fall Break

7:30-7:55 drop off period

8:00-9:30 AM- Mask Making

15 minute break

9:45-11:15- Monster Making

Lunch- 30 minutes

11:45-12:30- Mixed Media

10 minute break

12:40-1:40- Dance

1:40-2:00- Afternoon Activity

2:00-2:30 Pick up period

PLEASE READ THOROUGHLY

- There will be a mid-morning snack break, and a slightly longer break for lunch. **YAS will provide a healthy snack option each day during the mid-morning break (please be sure to complete the allergy section on page 6). Students will need to bring their own packed lunch from home.** YAS is not able to provide lunch meals for the students. All foods brought from home should be non-perishable so as not to require refrigeration.
- Our facility does not have any water fountains for drinking from, sending your child with their own filled water bottle each day is also highly encouraged.
- Reminder and update information will be sent out via email, leading up to, and throughout the program to keep parents informed with what's happening and any potential changes. Emails will begin the week prior to the start of the program, if you find that you are not receiving the messages (sent from yas@ehcc.org), please let us know as email will be our primary form of communication. If you do not have an email address, make a note on the registration packet and phone calls can be made to you instead.

•Keep pages 1 & 2 for your reference

•Page 3, if applying for EHCC membership, should be turned in at the office, along with membership fee.

•Turn in Registration Forms (Beginning on page 4) along with tuition payment to the *East Hawai'i Cultural Center main office, 141 Kalakaua Street in Hilo, open Tuesday- Friday 10AM-4PM OR pay online and email the completed form packet back to YAS@ehcc.org*

For questions, please feel free to contact:

Kellie Miyazu, *YAS Program Coordinator*

Marisa Miyashiro, *UH Hilo CCE Program Coordinator*

YAS@ehcc.org

(808)961-5711 (EHCC Office)



East Hawaii Cultural Center/HMoGA Membership

Name(s):

Address:

Phone:

Email:

Your membership gives you discounts on classes, workshops, & exhibition entries!

-Membership is valid for 1 year-

\$50 - Individual

\$25 - Senior (55 yrs+)

\$25 - Student (with current high school/college ID)

\$75 - Family (requires 2 adults & their immediate family)

Total Amount \$ _____

Check payable to **EHCC**
Ck. # _____

Cash

Mastercard/Visa/etc.

Signature: _____ Date: _____

Receipt Number: _____ Expiration: _____

141 Kalakaua St.
Hilo HI 96720
808-961-5711
admin@ehcc.org

YAS@ehcc.org || (808) 961-5711 || 141 Kalakaua Street Hilo, HI 96720

Registration Form

Student's Name (First and Last):

Age:

School Attending:

Current Grade:

Mailing Address:

Email (primary contact):

Payment:

_____ EHCC Member \$160.00

_____ Non-Member \$185.00

+Tax

Tuition Total (To be filled in by EHCC office staff): _____

Receipt #/ Date received:

<p><u>Parent/Legal Guardian A</u></p> <p>Name:</p> <p>Relation to student:</p> <p>Cell Phone: (____)____-____</p> <p>Work Phone: (____)____-____</p> <p>Email:</p> <p>_____</p>	<p><i>Parent/Legal Guardian B</i></p> <p>Name:</p> <p>Relation to student:</p> <p>Cell Phone: (____)____-____</p> <p>Work Phone: (____)____-____</p> <p>Email:</p> <p>_____</p>
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Which guardian/ phone number should be contacted in the event of an emergency during the time of the program (Monday-Friday 8:00AM-2:00PM)?

A or **B**

***If emergency contact is someone other than the two parents/guardians named above, please specify:**

Name:

Relation to student:

Phone number:

Secondary phone number (if applicable):

•Attendance will be taken at the start of each class and students will need to be signed in and out by their guardian at the time of drop-off and pick-up. Students should be dropped off and picked-up in the second floor theater space (Kahua 'Elua), using the mauka side entrance of the building (white door on Kinoole Street side), at which times they will be supervised by YAS/EHCC staff and/or volunteers.

If a student requires early release from the program on a certain day(s), please notify the YAS Coordinator ahead of time.

Does your child have any existing medical conditions or disability that may limit, restrict, or impair their activities (i.e. severe asthma, diabetes, seizure disorder, etc)?

Does your child have any allergies (ie. **food**, environmental, bee stings, etc)?

If yes, how is he/she treated?

•I, (name of parent or legal guardian) _____, the parent/legal guardian of (name of student) _____,

who is attending the East Hawai'i Cultural Center's Youth Arts Series: Fall Break 2019 (October 7-11), release all directors, coordinators, staff members and instructors of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrongdoing that may occur while my child is attending the program. I also agree to indemnify and hold harmless those persons of the above stated organization on any claim arising out of the Youth Arts Series activities under this agreement. In case of an accident or need for medical attention, I give permission to the Youth Arts Series: Fall Break 2019 staff, coordinators, or instructors to take my child to a doctor, and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

- I understand that certain classes and activities may require students to move about the East Hawai'i Cultural Center premises, Kalakaua Street and or Kalakaua Park (located across the street from the Center). My child is allowed to move about the above mentioned locations under the supervision of the YAS staff and volunteers (if you choose not to permit your child to participate in such activity, alternate supervision will be provided, students will be in the care of YAS staff/ volunteers remaining on the EHCC property).

- I also give permission to the Youth Arts Series to film, tape, or otherwise record our child's name, voice, and/or person. I understand that these recordings of my child may include news releases which include photographs about the East Hawai'i Cultural Center and other media releases to publicize the Youth Arts Series programs and classes and open circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. I also understand that there will be no financial or other remuneration for recording of my child, either for initial or subsequent transmission or playback. The East Hawai'i Cultural Center may also use

my child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Date: ___ / ___ / ___ Parent/Legal Guardian signature: _____

Publicity Feedback

How did you hear about the Youth Arts Series? (check all that apply)

- The Wave/ The Beach Radio
- Facebook (EHCC)
- Instagram (EHCC)
- UH Hilo CCE
- EHCC website
- Poster/flyer (please list the location seen at) _____

Other: _____

