



ON-SITE CHILD CARE at IPA's Grand Expedition

Provided by YMCA Child Care Workers

- PLACE:** ISLAND PACIFIC ACADEMY — Elementary Building — 909 Haumea Street, Kapolei
- WHO:** IPA students and non-attending siblings ages 3*-12
Space permitting, a limited number of spaces may be available for non-IPA students; preference will be given to IPA families and Grand Expedition volunteers. (*potty-trained, please)
- DATE:** Saturday, February 13, 2016
- TIME:** 6:00pm — 10:00pm (available at 5PM for Navigators Circle Sponsors)
- COST:** \$25 per child, \$15 each additional child (in same family)
All children must be picked up by 10:00pm or a late fee of \$1 per minute will be charged.
Snacks, drinks and dinner will be provided.
During the evening children will have the opportunity for age-appropriate activities including games, crafts, and movies. A "quiet space" for younger children to "bed down" will be available.

WHAT TO BRING: Children should arrive wearing comfy clothes to play and fall asleep in. Each child may bring one backpack (or bag) with personal belongings, such as an extra change of clothes, security blanket or doll. Bringing a blanket/pillow or sleeping bag is optional. **PLEASE PUT CHILD'S NAME ON ALL ITEMS.** IPA and the YMCA will **not** be held responsible for any lost or damaged items; we ***highly recommend leaving iPods, netbooks, iPads and other electronic devices at home!***

RESERVATIONS & PAYMENT: Please pre-pay in the form of a **CHECK** made to **ISLAND PACIFIC ACADEMY**. **Form and payment must be returned to the Elementary office by Friday, February 5, 2016.**

Form & payment can also be mailed (postmarked on or before February 5, 2016) to ISLAND PACIFIC ACADEMY, GRAND EXPEDITION 909 Haumea St. Kapolei, HI 96707. After payment is received a confirmation email will be sent. Forms & payments received after space is full will be returned. No refunds will be given for confirmed reservations or no-shows; if unused, your payment will be noted as a donation to the Grand Expedition.

———— cut here, complete & return bottom portion with payment to Elementary OFFICE —————

ON-SITE CHILD CARE at ISLAND PACIFIC ACADEMY for Grand Expedition 2016

Child's Name: _____ Age: _____ Grade: _____
Medical concerns (including drug or food allergies): _____

Child's Name: _____ Age: _____ Grade: _____
Medical concerns (including drug or food allergies): _____

Child's Name: _____ Age: _____ Grade: _____
Medical concerns (including drug or food allergies): _____

Parent(s) Name(s): _____ ***Cell Phone:*** _____

Parent(s) Email(s): _____

Parent Signature: _____

OFFICE USE ONLY	DATE REC'd _/_/___	By _____	Amount Paid _____	Check # _____	In Cash \$ _____	Sheet ____	Business Off. _/_/___
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