Kama‘aina Kids

Kama‘aina Kids is a private, non-profit, multi-service organization dedicated to serving children and their families with quality childcare programs. Our services include, preschool programs, before & afterschool programs, day camps, environmental education programs, enrichment programs, sports clinics, and hotel, convention and military programs.

Kama‘aina Kids employs approximately 950 employees and serves nearly 9,700 children daily. We are currently one of the largest childcare providers in the State of Hawaii. Our trained staff have been fingerprinted, passed a criminal background check and have current First Aid and Infant/Child CPR certifications.

Sitter Service Information - Aulani Resort

Quality Sitting Services for children 6 weeks to 14 years
- Kama‘aina Kids staff will be in uniform.
- Parent provides food, diapers/wipes, favorite toys, games and books, sunscreen, hat.
- Sitter will provide age appropriate games, books, Hawaiian arts and crafts.
- Walking excursions around hotel, sand play.

Hotel Concierge has the Kama‘aina Kids Sitters Reservation Form.
1. Parent calls Kama‘aina Kids, (808) 372-5992, to reserve a date and time.
2. Parent fills out the reservation form with payment information then faxes completed form to (808) 261-0268, or emails form to sitters@kamaainakids.com
3. Kama‘aina Kids staff will call Parent to confirm reservation and details.

Hotel Rates (4 hour minimum)

<table>
<thead>
<tr>
<th>Rate</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Child:</td>
<td>$30/hr On Major Holidays</td>
</tr>
<tr>
<td>Two Children:</td>
<td>$35/hr</td>
</tr>
<tr>
<td>Three Children:</td>
<td>$40/hr</td>
</tr>
<tr>
<td>One Child:</td>
<td>$45/hr year round</td>
</tr>
<tr>
<td>Two Children:</td>
<td>$50/hr year round</td>
</tr>
<tr>
<td>Three Children:</td>
<td>$55/hr year round</td>
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</tbody>
</table>

1. Parent’s credit/debit card will be charged on the day of the care.
2. Cancellation fee of $35 will be automatically charged if a minimum of 8 hours notice is not given to cancel sitter. If sitter is en route to site, guest will be charged for 4 hours.

Group programs and full day rates, available upon request
Call Kathy Hew at (808) 478-5309 to inquire
1. Child’s Name (Last, First, M.I.) ________________________________________________
   Age ______ Sex ______ Allergies ________________________________________________

Child’s Name (Last, First, M.I.) ________________________________________________
   Age ______ Sex ______ Allergies ________________________________________________

Child’s Name (Last, First, M.I.) ________________________________________________
   Age ______ Sex ______ Allergies ________________________________________________

2. Special Instructions ____________________________________________________________
   ___________________________________________________________________________

3. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)
   __________________________________________  ___________________________
   Father - Name (Last, First)  Cell Phone No. (With Area Code)

   __________________________________________  ___________________________
   Mother - Name (Last, First)  Cell Phone No. (With Area Code)

4. Hotel ____________________________  Hotel Room # ______________

5. Home Address__________________________
   City__________________________  State_____________  Zip________________
   ____________________________

   GENERAL RELEASE AND WAIVER

   I/We, the undersigned parent(s)/guardian(s), in consideration of Kama‘aina Kids providing babysitters for our child/ward, named above, do for myself/ourselves, my/our heir, executors, administrators and assignees, hereby release and discharge demands, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child’s participation in the youth program, except for gross negligence or willful misconduct on the part of Kama‘aina Kids or the Association’s officers, directors, employees or agents.

   Furthermore, I/we agree to indemnify and to hold Kama‘aina Kids and Disney Vacation Development, Inc., its affiliates and their employees and agents (“Hotel”) harmless against loss from any and all claims, demands, damages, actions, causes of actions, suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against all such claims.

   I/we give my/our child(ren)/ward(s) permission to attend and participate in the activities conducted by Kama‘aina Kids.

   I/We have read and understand the release. Furthermore, I hereby agree that, if Kama‘aina Kids staff is unable to contact me or one of the persons listed as emergency contacts, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama‘aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to Kama‘aina Kids Supervisor or staff-in-charge.

   If we have locked all valuables in our hotel room safe. I understand that Kama‘aina Kids will not be responsible for any lost items.

   Signature of Releasor ____________________________  Date ____________

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Please call (808) 372-5992 to make reservations

Sitters are available from 6am-midnight for children ages 6 weeks - 14 years.

**Dates & Times**

Date: ____________________________

Time: ____________________________

**Parent provides: Food, disposable diapers, wipes, toys.**

**Rates:**

- 1 Child:
  - $30/hr. x ____ hrs = ____________

- 2 Children:
  - $35/hr. x ____ hrs = ____________

- 3 Children:
  - $40/hr. x ____ hrs = ____________

**Total ____________**

Cancellation Fee: $35 automatically charged if minimum of 8 hours notice is not given.

**Payment:**

- VISA  MasterCard  Discover  Amex

   Name as it appears on card: ____________________________

   Card Number: ____________________________

   Total Amt to be charged: $______  Exp. Date: ____________

   Signature: ____________________________

   Date: ____________________________

Please fax registration form and payment to: (808) 261-0268 or Email to: sitters@kamaainakids.com