Our ocean is such a beautiful, vital and fragile place here in Hawai‘i and we need to learn how to respect, malama, love, & cherish it. This summer we will explore how our Kūpuna and ancestors treated the Ocean and learn how we can be better stewards of it. We will learn about Kōhola, Nai‘a, Manō, Hihimanu, A‘u, & ‘Ahi. Classes will include: Marine Biology, PE, Storytelling, Math, Mele and Art. The classes will have hands-on, fun filled activities that will teach you about “Ke Ola Kai Hohonu”. Exciting learning opportunities in Hawaiian culture, language, values and history will be integrated into all our daily activities.

To apply, please return this completed packet to the Nā Pua No‘eau Hilo office as soon as possible or by May 1, 2015. There are a limited number of available openings per grade level. Students will be accepted on a first-come, first-served basis. There is no tuition fee (Free).

Packets are also available at Nā Pua No‘eau, 200 West Kāwili St. Hilo, Hi, 96720 or Downloadable at [http://npn.ühh.hawaii.edu](http://npn.ühh.hawaii.edu).
Hoʻomālamalama 2015
Summer Youth Program

Nā Pua Noʻeau is offering a three-week educational enrichment program for Native Hawaiian students who have completed grades kindergarten through fifth. There are a limited number of available openings per grade level. Students will be accepted on a first-come, first-served basis by grades until the spaces are filled. So please return this completed packet as soon as possible or by May 1, 2015 to confirm your invitation to participate. You will receive confirmation of your child’s acceptance by mail and a reminder of the Student/Parent Orientation. It is important that your child be able to participate for the entire duration of the three-week session. Each day’s learning experience builds upon the previous day’s activities.

Our ocean is such a beautiful, vital and fragile place here in Hawai’i and we need to learn how to respect, mālama, love, & cherish it. This summer we will explore how our Kūpuna and ancestors respected the ocean and learn how we can be better stewards of it. We will learn about Kōhola, Nai’a Mano, Hihimanu, A’u, & ‘Ahi. Classes will include: Marine Biology, PE, Storytelling, Math, Mele and Art. The classes will have hands-on, fun filled activities that will teach you about “Ke Ola Kai Hohonu”. Exciting learning opportunities in Hawaiian culture, language, values and history will be integrated into all our daily activities.

Our Hoʻomālamalama schedule is as follows:

**Thursday, June 11th – Student/Parent Orientation**
(UHH *location to be determined, from 6:30 p.m. – 8:00 p.m.)*

**Monday, June 15th – First day of program.**
(Registration/check-in to begin at 7:45)

Students will meet Monday through Friday from 8:00 am to 12:00 noon.
Keiki will need to bring a bottle of water and a mid-morning snack daily.

**Friday, July 3rd – Hö’ike – (Last day of program).**

There will be a parent orientation meeting on Thursday, June 11th at the University of Hawai’i *exact location to be on confirmation card.* At this meeting, we will fully explain this summer’s program, introduce the kumu, tell what students need to bring and give you a taste of the learning experiences your child will have. You will have the opportunity to ask any questions you might have. A time of refreshments and fellowship will follow the meeting.

The Hoʻomālamalama Summer Youth Program will start on Monday June 15th and be held Monday through Friday from 8:00 am to 12:00 noon at the University of Hawai’i at Hilo campus. During the program a Huaka‘i is planned (more info to follow at parent meeting). Parents are highly encouraged to accompany children on the Huaka‘i. We will conclude our program with a Hö‘ike where the keiki will share their learning experiences with their ‘ohana and friends on Friday, July 3rd (more information to follow)

We look forward to an enriching and exciting time together!

Mahalo for your continued interest and support of Nā Pua Noʻeau programs. Should you have any questions, please feel free to contact me at 974-7678.

Aloha Pumehana,

Loke Evans-Bautista
Hoʻomālamalama Program Coordinator

(Keep this sheet for your information.)
NAME OF STUDENT: ________________________________________________

Last Name, First Name (Preferred Name)

☐ I want to attend the Ho‘omālamalama Summer Youth Program on June 15 – July 3, 2015. I have completed all the items in the check box below and returning them to Nä Pua No‘eau’s Hilo office.

☐ I will NOT be able to attend the Summer Program but keep me on the mailing list. I have completed the enclosed 2014-15 registration form in order to continue having program information mailed to me.

Due to our current funding situation there are a limited number of available openings per grade level. To confirm your invitation to participate, please return this completed packet as soon as possible or by May 1, 2015. Students will be accepted on a first-come, first-served basis until the spaces are filled. Please review the participant requirements listed below and check each requirement as it is completed before mailing your packet to Nä Pua No‘eau.

☑ upon completion

☒ Completed “Current Information” form and attach current photo

☒ Completed and signed the “2015-16 Registration” form

(Accident, Medical, Field Trip & Media Release Form)

☒ I have circled my T-shirt size below:

Children: M   L

Adult: S   M   L   XL

☒ Attached $15 Payment for T-shirt & activity fee

(A non-refundable check / money order payable to “Nä Pua No‘eau”)

Return your completed Participation Packet as soon as possible but no later than May 1, 2015 to:

Nä Pua No‘eau
University of Hawai‘i at Hilo
200 W. Kāwili Street
Hilo, Hawai‘i   96720

Mahalo to the Office of Hawaiian Affairs for funding Nä Pua No‘eau Programs.
2015 HO‘OMĀLAMALAMA SUMMER YOUTH PROGRAM CURRENT INFORMATION

NAME OF STUDENT: ________________________________________________

Last Name, First Name

1) What name do you like to be called by? ____________________________________________________________

2) Please attach a current photo of yourself.

3) What things do you do for fun?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
NA PUA NO'EAU
2015 – 2016 REGISTRATION

PLEAS PRINT

STUDENT INFORMATION
Registration information will be used for program planning and research purposes only.

Applicant’s name: __________________________
Preferred Name: __________________________

LAST NAME
FIRST (LEGAL)
MIDDLE INITIALS

Gender: Female ☐ Male ☐
Date of Birth: _____/_____/_____ Are You a U.S. Citizen? Yes ☐ No ☐

If No, a UH WH-1 form is required

Are You a U.S. Citizen? Yes ☐ No ☐

Mailing Address:

STREET/P.O. BOX
CITY
STATE ZIP CODE + 4DIGIT EXT.
ISLAND

School Attending: _________________________________ Grade:

Last completed or 2014 - 2015 School Year

Students Phone: (_____)_________________________ Students E-Mail: ______________________

Social Networks: ____________________________
(FACEBOOK, TWITTER, Etc.)

Head of Household

Guardian’s Name: ____________________________ Relation to Applicant: ____________________________

Phone (Bus) (_____)_________________________ Phone (Res) (_____)_________________________ E-mail: ____________________________

Other

Guardian’s Name: ____________________________ Relation to Applicant: ____________________________

Phone (Bus) (_____)_________________________ Phone (Res) (_____)_________________________ E-mail: ____________________________

In case of an emergency, list two people who you would like us to contact if we are unable to contact you.

Contact Name: ____________________________ Relation to Child: ____________________________

Home Phone: (_____)_________________________ Work Phone: (_____)_________________________

Other: (_____)_________________________

ETHNICITY OF STUDENT: (Please check all that apply. Information collected is for research purposes.)

☐ American/Native Indian  ☐ African American/Black  ☐ Caucasian/White  ☐ Chinese  ☐ Filipino  ☐ Native Hawaiian *
☐ Hispanic/Latino  ☐ Japanese  ☐ Korean  ☐ Pacific Islander  ☐ Portuguese  ☐ Puerto Rican  ☐ Other ____________________________

* If Hawaiian please check all that apply:

☐ I have personal copies of my child’s birth certificates stating specifically that they are of Hawaiian ancestry
☐ I have personal records of my child’s ancestry in Hawai’i prior to year 1778
☐ My child is in the Office of Hawaiian Affairs’ Hawaiian registry
☐ My child is in the Kamehameha Schools’ Hawaiian registry
☐ Besides Nä Pua No’eau, my child is currently receiving services and/or in programs specifically set up for Native Hawaiian children
(i.e. Queen Lili‘uokalani Children’s Center, Alu Like, etc.)
☐ Other ____________________________

ACCIDENT, MEDICAL, FIELD TRIP AND MEDIA RELEASE

I/We the undersigned agree, for ourselves, our heirs, personal representatives and assigns, to hereby release, waive discharge, hold harmless, indemnify, defend and covenant not to sue The Research Corporation of the University of Hawai’i and the University of Hawai’i, its Board of Regents, officers, directors, agents and employees including, but not limited to Nä Pua No’ea, all other sponsoring agencies and/or organization’s officers, directors, employees, agents and representatives of any and all claims demands, actions, or cause of action, on account of any loss, including damage to personal property, or personal injury or death which may arise out of involvement or participation of my/our child in Nä Pua No’ea programs or activities held during June 1, 2015 to May 31, 2016.

I/we give permission for my/our child to participate in field trip(s) and/or to be transported in a Non-school approved vehicle as deemed necessary and therefore waive also the State’s liability. I/we give permission in case of accident or need for medical attention to transport my/our child to a doctor, dentist or emergency medical facility and consent and authorize a medical professional and others working under their supervision to provide medical treatment for any injury or illness arising from or related to his/her participation in this program. I/We understand that The Research Corporation of the University of Hawai’i, the University of Hawai’i and/or Nä Pua No’ea does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation and further agree to pay any and all medical expenses, costs and other charges arising from or connected with such medical treatment or care.

I/we also hereby give permission to photograph, film, tape, or otherwise record my/our child’s name, voice, and/or person and understand that there will be no financial or other remuneration of photographs, news releases, open-circuit (broadcast), closed-circuit, and/or cable television transmission and any other media releases of my/our child to publicize The Research Corporation of the University of Hawai’i, the University of Hawai’i and/or Nä Pua No’ea within or outside of the State of Hawai’i in perpetuity either for initial or subsequent transmission or playback.

FATHER’S OR LEGAL GUARDIAN’S SIGNATURE ____________________________ DATE ____________
MOTHER’S OR LEGAL GUARDIAN’S SIGNATURE ____________________________ DATE ____________
MEDICAL INFORMATION
Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name: ___________________________ Medical Plan: ___________________________

Membership Plan #: ________________________ Family Doctor: __________________________ Phone Number: __________________________

MEDICATION
List all medication your child is presently taking:

<table>
<thead>
<tr>
<th>Medicine/Drug Name</th>
<th>Illness</th>
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NOTE: Nä Pua No'eau will not dispense any medication to your child, including aspirins and medicine. Your child must bring his/her own medication in clearly labeled containers. During the program, be sure your child has enough medication to last during the session.

IMMUNIZATION INFORMATION
In what year did your child last receive a: Tetanus Shot? ______ Vaccinations? ______ Tuberculosis Test? ______

RESTRICTIONS/LIMITATIONS
Please list any challenges your child has which may prevent him/her from participating in activities:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are there any religious restrictions on what your child can do or be done in an emergency or other health situations?

Yes □ No □ If yes, please explain __________________________

Indicate your preference concerning your child’s swimming ability: □ My child may NOT swim. □ Nä Pua No’eau staff may limit my child’s participation based on my child’s ability to swim and staff judgment of swimming conditions.

RESEARCH - Data from applications will be used for program planning and research purposes only.

Do your child eligible for “Free and Reduced Price School Meals” Program? □ Yes. □ No.

Do you live on (DHHL) Department of Hawaiian Home Lands? □ Yes. □ No.

Do either of the parents or legal guardians of applicant have a 4-year college degree? □ Yes. □ No.

Return this registration to a Nä Pua No’eau office or contact us for more information.

http://npn.uhh.hawaii.edu

Nä Pua No’eau
Kaua‘i Community College
3-1901 Kaumualii Highway
Lihue, Hawai‘i 96766-9591
Phone (808) 241-3238
Fax (808) 245-5042

Nä Pua No’eau
University of Hawai‘i at Mānoa
2600 Campus Road OLCSS #406
Honolulu, Hawai‘i 96822-2205
Phone (808) 956-9410
Fax (808) 956-9240

Nä Pua No’eau
Moloka‘i Education Center
P.O. Box 488
Kaunakakai, Hawai‘i 96748
Phone (808) 553-9993
Fax (808) 553-8108

Nä Pua No’eau
Lāna‘i High & Elementary School
P.O. Box 630630
Lāna‘i City, Hawai‘i 96763
Phone (808) 565-9100
Fax (808) 565-9300

Nä Pua No’eau
University of Hawai‘i Maui College
310 Ka‘ahumanu Avenue
Kahului, Hawai‘i 96732-1617
Phone (808) 984-3364
Fax (808) 242-6153

Nä Pua No’eau
University of Hawai‘i at Hilo
81-964 Halekū Street
Kealakekua, Hawai‘i 96750
Phone (808) 322-4867
Fax (808) 322-4855

Nä Pua No’eau
University of Hawai‘i at Hilo
200 West Kawili Street
Hilo, Hawai‘i 96720-4091
Phone (808) 974-7678
Fax (808) 974-7681

Nä Pua No’eau is a program of the University of Hawai‘i and is an equal opportunity/affirmative action institution.