



REGISTRATION FOR LILI`UOKALANI TRUST SERVICES

Aloha and welcome to the Lili'uokalani Trust. In order to determine how we may be able to help you and your 'ohana, to identify the program services for which you may be eligible, and to provide you with important information about the array of these program services, we need the background information requested below. This is not an offer of program services; program services are provided under a separate written agreement. The terms "LT," "we," "us," or "our" refer to Lili'uokalani Trust. The terms "you" and "your" refer to all adults listed below. The terms "child," or "children" refer to all children listed below. All of these terms, whether in the uppercase or lowercase, are used interchangeably within this Registration Form.

ADULT(S) INFORMATION

Name of Adult		Birthdate	
Street Address		Social Security Number **	
		Driver's License/ State ID Number	
Mailing Address (if different)		Birth Certificate Number	
		Personal Relationship to Child(ren)	
E-Mail Address		Legal Relationship to Child(ren) - (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Custodial parent *please provide a copy of the most recent custody order, if applicable <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver w/ POA <input type="checkbox"/> Caregiver w/out POA 	
Home Phone			
Mobile Phone			
Work Phone			

Name of Adult		Birthdate	
Street Address		Social Security Number **	
		Driver's License/ State ID Number	
Mailing Address (if different)		Birth Certificate Number	
		Personal Relationship to Child(ren)	
E-Mail Address		Legal Relationship to Child(ren) - (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Custodial parent *please provide a copy of the most recent custody order, if applicable <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver w/ POA <input type="checkbox"/> Caregiver w/out POA 	
Home Phone			
Mobile Phone			
Work Phone			

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Street Address		Social Security Number **	
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Home Phone			
Mobile Phone			
Work Phone			

** Social Security Number is collected for LT only as a unique identifier for programming. This information will not be shared or transmitted externally and will be retained under LT's private information retention systems and policies.

CHILD(REN) INFORMATION

First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	
State ID/Driver's License Number			

First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	
State ID/Driver's License Number			

First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	

State ID/Driver's License Number			
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First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	
State ID/Driver's License Number			

First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	
State ID/Driver's License Number			

First and Middle Name		Last Name	Birthdate
Social Security Number **		Is child of Hawaiian ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Number		Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School ID Number		Gender	
State ID/Driver's License Number			

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EMERGENCY CONTACT INFORMATION

If LT cannot reach any of you (the adults listed above) by telephone, please list the name(s) and phone number(s) of the person(s) you would like LT to contact, in order of preference, in case of an emergency concerning your child.

Name	Daytime Phone Number	Evening Phone Number	Relationship to Child(ren)

MEDICAL/DENTAL INFORMATION

LT will take reasonable precautions to ensure that your child(ren) stay(s) healthy and safe while participating in LT's program services including activities such as field trips and sports. It is very important that you provide LT complete and accurate information concerning your child(ren) as requested below.

Family Physician Name	Telephone Number	Name(s) of child(ren) under care

Family Dentist Name	Telephone Number	Name(s) of child(ren) under care

MEDICATION, ALLERGIES & OTHER RESTRICTIONS

Please tell us about any restrictions on your child's/children's participation in LT program services.

LT will not administer medication unless you provide written instructions concerning the time and amount of the next dose(s), and provide the medication in its original container from the pharmacy.

Child's Name		Medications	
Physical Restrictions		Allergies (including food)	
Religious Restrictions		Dietary Requests	

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Child's Name		Medications	
Physical Restrictions		Allergies (including food)	
Religious Restrictions		Dietary Requests	

By signing below, you represent that the information provided herein is true and accurate. You understand that any program services offerings by LT will be made in reliance on this information.

PARENT/LEGAL GUARDIAN

Signature _____
 Print Name _____

Date _____

PARENT/LEGAL GUARDIAN

Signature _____
 Print Name _____

Date _____

CAREGIVER

Signature _____
 Print Name _____

Date _____

Revised 12/16/19