



**Family Support Services of West Hawaii
Youth Development Division
Emergency Form**

(Please **PRINT** clearly and complete the entire form in **INK**)

Program Placement Information:

- Positive Youth Development Ho'omana Nā 'Ōpio Education/Vocation Services

Participant's Name: _____

Contact Information:

Mother's/Guardian's Name: _____ Home phone: _____

Email: _____ Cell phone: _____

Work phone: _____

Father's/Guardian's Name: _____ Home phone: _____

Email: _____ Cell phone: _____

Work phone: _____

Emergency Contact: _____ Relationship to Participant: _____

Home #: _____ Work #: _____ Cell #: _____

Medical Information:

Participant's Physician: _____ Phone: _____

Health Insurance Provider: Private _____

Quest _____

Other _____

<i>List all allergies and/or medical conditions; if none, please specify</i>	<i>List all restrictions or limitations to physical activities; if none, please specify</i>

Individual(s) Other Than Parent/Guardian Authorized to Pick Up Participant

<i>Name</i>	<i>Relationship to Participant</i>	<i>Phone</i>

Signature: _____
Parent/Guardian Signature

Date: ___/___/___

**Youth Development
Division**

Family Support Services of West Hawaii's Youth Development Division reaches out to the youth of our community by providing an array of activities and opportunities which:

- Build life and leadership skills
- Foster cultural awareness and identity
- Enhance academic performance
- Promote physical fitness
- Support family strengthening activities
- Promote service learning opportunities

**Family Support Services of
West Hawaii**



Family Support Services of West Hawaii
75-127 Lunapule Rd., Suite 11
Kailua-Kona, HI 96740
Phone: (808) 326-7778
Fax: (808) 326-4063



"To support families and communities
In providing love and care
for our children."

Program Overview

Our **Positive Youth Development Program** is an after school enrichment program located in room P-7 at Kealakehe Intermediate School. The program offers a multi-disciplinary approach to learning by facilitating activities focused around arts and culture, youth leadership, service learning, life skills management, career exploration, financial literacy, environmental education, health, fitness and recreation. The program is operated from 2:15 pm to 5:00 pm on all regularly scheduled school days.

For more information about this program, contact: Cherlyn Chinen at 334-4156 or 808-221-6025.

Ho‘omana Nā ‘Ōpio supports students at Kealakehe Intermediate School by providing support to reduce or prevent absenteeism and truancy. The service helps create an environment where students can confidentially and openly discuss their experiences both in and out of school. Services also include life skills management training, connection to school and community resources and opportunities to participate in hours activities that utilize the unique abilities of each student.

For more information about this program, contact: Melissa Baybayan at 334-4132 or 430-1121.

Education/Vocation Services

This program offers comprehensive services to at-risk youth between the ages of 15 and 19. Participants engage in responsible decision making, transform previously delinquent behavior into positive leadership behavior and develop a positive sense of self. Participants receive support in securing vocational placement as well as planning for continuing higher education.

For more information about this program, contact: Melissa Baybayan at 334-4132 or 430-1121.

Core Values

The following list of Core Values reflects what is truly important to us. These values do not change from time to time, person to person, or situation to situation; they represent our best practices.

Pono - to do what is “right”

Alaka‘i - to show “leadership”

Ha‘aha‘a - to have “humility”

Kokua - to be “helpful”

Laulima - to be “cooperative”

Akamai - to be “wise”

Lokahi - to achieve “unity”

These programs are funded by:
The State of Hawaii
Department of Human Services
Office of Youth Services &
Family Support Services of West Hawaii



Family Support Services of West Hawaii Youth Development Division Enrollment Form

(Please **PRINT** clearly and complete the entire form in **INK**)

Program Placement Information:

- Positive Youth Development Ho‘omana Nā ‘Ōpio Education/Vocation Services

Participant Information:

Name: _____ Home phone: _____ Cell phone: _____

Date of Birth: ___ / ___ / ___ Age: _____ E-mail address: _____

Mailing Address: _____ Residence Address: _____

Ethnicity: _____ *Select from list*

Gender: Male Female Transgender

Religion: _____

Optional

Language spoken in the home: _____

<input type="checkbox"/> American Indian	<input type="checkbox"/> Hawaiian (Part, Full)	<input type="checkbox"/> Mixed (Not Hawaiian)	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Unknown
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Puerto Rican, Hispanic	<input type="checkbox"/> Other; please specify
<input type="checkbox"/> Filipino	<input type="checkbox"/> Micronesian		_____

School: _____ Grade: _____

Does participant receive free or reduced-priced meals? Yes No

Is the participant currently in foster care? Yes No

Is the participant classified as special needs? Yes No

Is the participant currently receiving tutoring or education assistance? Yes No

If participant is age 14 or older, is he/she employed? Yes No

If yes, where? _____

Participant resides with: _____

Both parents, mother, father, guardian, other (please specify)

Signature: _____

Participant

Date: ___ / ___ / ___

Signature: _____

Parent/Guardian

Date: ___ / ___ / ___