



Hui Mālama i ke Ala 'Ūlili Hō'ale a Maninini (HoAMa) After School Mentorship Program *Pa'auilo, Hāmākua, Hawai'i. 2019-2020.*

Who is Hui Mālama i ke Ala 'Ūlili? Hui Mālama i ke Ala 'Ūlili (huiMAU) is a community-based non-profit organization of 'ohana from Hāmākua Hikina (*East Hāmākua*), founded in 2011.

Our mission is to re-establish the systems that sustain our community through educational initiatives and 'āina-based practices that cultivate abundance, regenerate responsibilities, and promote collective health and well-being.

Our organization's goals are:

1. **Ho'ona'auao** / Rebirth of community's knowledge of place through 'Āina- and Hawaiian culture-based educational initiatives;
2. **Ho'omana** / Restoration of our cultural and natural landscapes to support living, sustainable cultural and subsistence practices;
3. **Ho'oulu 'Ai** / Restoring abundance and food sovereignty by growing food, and the material resources and provisions necessary to procure, process and distribute food and well-being.

Program Overview: The term "hō'ama" means "to begin to mature or ripen," like adolescents reaching maturity. Drawing upon this term, our **HoAMa After School Mentorship Program** seeks to nurture the growth of young people in our Hāmākua community (ages 5-17), as they mature and ripen, by guiding their education and helping to cultivate abundance in their lives and in the lives of their 'ohana & community.

With our HoAMa After School Mentorship Program, we seek to create a safe after school learning environment for our keiki to cultivate strong relationships and support networks with peers, mentors, and 'ohana, to support their success in school, at home, and in our communities. We believe that healthy keiki grow and ripen when they are rooted in strong, healthy 'ohana, communities, and 'āina (*land*). As such, our HoAMa After School Mentorship Program will engage our keiki and their 'ohana in hands-on learning through Hawaiian culture- and 'āina-based education, including gardening, arts and crafts, storytelling through mele (*song*), lessons with local kūpuna (*elders*), excursions, and much more. Additionally, HoAMa staff and mentors will provide our keiki with academic support and guidance, helping students to reach their academic and life goals as thriving members of our local and global communities.

Program Goals: 1) To mentor and cultivate our next generation of youth in Hāmākua, rooted in the values of aloha (*love*), mālama (*care*), 'ohana (*family*), kuleana (*responsibility*), ha'aha'a (*humility*), and aloha 'āina (*love for land*); 2) To cultivate a strong sense of kuleana to mālama (*care for*) 'āina (*land*), 'ohana, community, and lāhui (*nation*); 3) Restore abundance on our 'āina and in our 'ohana, community, and lāhui; 4) Prepare our youth for success in high school and beyond.

Description: The HoAMa After School Mentorship Program will run on school days from 2:30pm-5:30pm Monday, Tuesday, Thursday, Friday, and 1:30pm-5:30pm on Wednesdays. *The Program will not run on*



Holidays or other days that DOE schools are not in session. The primary site for the After School Program will be at the Pa‘auilo Hongwanji, and the Program’s secondary site will be at the KaHua HoAMa, ma uka of Pa‘auilo Store (43-1351 Hawai‘i Belt Rd.). After school, participants at Pa‘auilo School will be met by a HoAMa Staff member at the front of the school, and walked to the Pa‘auilo Hongwanji. Participants coming from other schools must be dropped off and/or have another authorized means of transportation to the Program site by 2:45pm. Pick-Up / Release from the program each day will be at **5:30pm**, in accordance with the instructions indicated on Participant’s Registration Form (see attached). Pick-Up will primarily be at the Pa‘auilo Hongwanji. On days that we are at KaHua HoAMa, parents/guardians will be notified to pick up their keiki from the KaHua HoAMa site.

‘Ohana Responsibilities: We see our keiki and their ‘ohana as co-creators of the future we envision for our community. As such, we *highly encourage* the ‘ohana of our keiki to participate in various learning experiences with us, including occasional workshops, presentations, mālama ‘āina days, hō‘ike, and ‘Ohana Nights. ‘Ohana Nights will be held every other month, on a weekday evening, dates TBD. Additionally, as this is a young program run by huiMAU, with limited funding, parents/guardians of our keiki will be *required* to participate in occasional fundraising activities to help generate funds to support and sustain our after school and summer programs. Collectively, we will ho‘olaupa‘i (create abundance) in our ‘ohana. This is the foundation upon which we will resurge and overflow (Hō‘ale a Maninini) with abundance as a community in Hāmākua.

Contact:

Loke Alpiche, HoAMa Program Coordinator - Cell: (808) 825-7787, E-mail: hoale.a.maninini@gmail.com



Website: www.alaulili.com - Email: kealaulili@gmail.com - PO Box 6, Pa‘auilo, Hawai‘i 96776
Facebook: Hui Mālama i ke Ala ‘Ūlili – Instagram: @kealaulili, #huiMAU

HoAMa After School Mentorship Program Registration Form

Registration Fee: \$35 per month (August - May), due on the first business day of each month. Please make checks payable to Hui Mālama i ke Ala 'Ūlili. There is a one week grace-period for late payments, and a \$25 fee for all returned checks.

Participant Information:

First Name: _____ Middle: _____ Last: _____

Address: _____ Phone: _____ Gender: ()F ()M
Physical Address City Zip

Other Name(s): _____ Date of Birth: _____ Age: _____

School: _____ Grade Level: _____ Teacher: _____

'Ohana Information:

How many people live in your household? _____

Child lives with: Mother(s) Father(s) Grandparent(s) Guardian(s) Foster Other: _____

Primary (Parent / Guardian) Relationship to Child: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: _____ Gender: ()F ()M
Physical Address City Zip

_____ Cell Phone: _____ Email: _____
Mailing Address City Zip

Employer: _____ Work Phone: _____

Secondary (Parent / Guardian) Relationship to Child: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: _____ Gender: ()F ()M
Physical Address City Zip

_____ Cell Phone: _____ Email: _____
Mailing Address City Zip

Employer: _____ Work Phone: _____



'Ohana Ancestry: *(Please check all that apply)*

- Native Hawaiian Other Polynesian: _____ Micronesian (Specify: _____)
 Filipino Chinese Japanese Korean Vietnamese Other Asian: _____
 Native American (Specify: _____) Alaska Native (Specify: _____)
 Puerto Rican Chamorro Portuguese Caucasian Other: _____

Annual Household Income: \$5000 \$5001-10,000 \$10,001-30,000 \$30,001-50,000 \$50,001-75,000 \$75000+

School Lunch Program: Free Reduced Full Price

Emergency Contact: *(Specify Emergency Contacts, other than Parents)*

- 1) _____ Relation: _____ Ph#: _____ Cell#: _____
2) _____ Relation: _____ Ph#: _____ Cell#: _____

Pick-Up / Release Instructions: *(My child may leave be released from the program as follows...)*

- Walk home by self Walk home with siblings Walk home with: _____
 Pick up by parent/guardian Pick up by other adult: _____

Person(s) Not Authorized to Pick-Up: _____ *(Attach documentation if available)*

Medical Information:

Does child have mobility, visual or hearing impairment, or other special need? Yes No

If YES, please specify: _____

Other Medical Conditions: _____

Food Allergies: _____ Other Allergies: _____

Medications: _____

Primary Care Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance Provider: _____ Insurance #: _____

Photocopy of insurance card attached Yes No

Is child identified as: IDEA Yes No 504 Yes No

By signing below, I acknowledge that all information provided in this form is accurate.

Parent/Guardian Signature: _____

Date: _____



Hui Mālama i ke Ala ‘Ūlili
HoAMa After School Mentorship Program 2019-2020
Parent/Guardian Consent and Liability Release Form/Agreement

Participant’s Name:		
Parent/Guardian’s Name :		
Cell Phone:	Home Phone:	Work Phone:

Email:

I _____ (“Parent/Guardian”) hereby give permission for my child _____ (“Participant”), to attend and participate in the Hui Mālama i ke Ala ‘Ūlili’s HoAMa After School Mentorship Program and all associated activities and events during the period of August 2019 – May 2020.

LIABILITY RELEASE:

By signing below, I, _____ agree to the following with respect to my son’s/daughter’s participation in the Hui Mālama i ke Ala ‘Ūlili’s HoAMa After School Program.

- (A) Participant and Parent/Guardian promise that Participant shall act responsible and with self-control while participating in the HoAMa After School Program. Parent/Guardian acknowledges that Participant is a person of sufficient maturity to make reasonable decisions about his/her conduct, and that Participant shall accept full responsibility for such conduct while participating in the HoAMa After School Program. Parent/Guardian also acknowledges that misconduct may be subject to discipline, including suspension and/or removal from continued participation in the HoAMa After School Program. Parent/Guardian further agrees to hold harmless and indemnify Hui Mālama i ke Ala ‘Ūlili for any liability sustained by Hui Mālama i ke Ala ‘Ūlili as the result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.
- (B) Parent/Guardian acknowledges that there are certain risks inherent in participating in any after school program, including, but not limited to, accident, injury, illness or damage to personal property. Parent/Guardian expressly assumes these risks and agrees that they will not hold Hui Mālama i ke Ala ‘Ūlili responsible if such events occur. Parent/Guardian further acknowledges on behalf of minor youth, that they will assume all risk of personal injury, sickness, death, damage and expense as a result of child’s participation in recreation and activities, other than incidents considered to be gross negligence.
- (C) Parent/Guardian affirms that in the event of an accident, injury and/or medical emergency, Hui Mālama i ke Ala ‘Ūlili is authorized to consent to and obtain whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care facility, hospital, paramedic unit or other health care provider deemed appropriate by Hui Mālama i ke Ala ‘Ūlili in the circumstances. In the event it is impossible to receive instructions for Participant’s care, full



authorization is given to any licensed physician and/or surgeon for the provisions of emergency medical treatment, including the administration of medication, and the performance of surgical treatment for the relief of pain and/or the preservation of life and/or health and well-being. Medical costs incurred shall be the responsibility of the Parent/Guardian.

- (D) In consideration of Hui Mālama i ke Ala ‘Ūlili allowing the Participant to attend the HoAMa After School Program, Parent/Guardian hereby releases, forever discharges and agrees to hold harmless Hui Mālama i ke Ala ‘Ūlili, its directors, employees, volunteers, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the Participant as a result of participation in the program.
- (E) Parent/Guardian hereby grants permission for the Participant to participate fully in all HoAMa After School Program youth activities and events. Parent/Guardian also confirms to have disclosed all physical, mental and medical conditions of Participant, including food and drug allergies and authorizes and gives permission to Hui Mālama i ke Ala ‘Ūlili to provide snacks and other healthy food and drinks to Participant.
- (F) Parent/Guardian also gives authorization and permission for Participant to be photographed and/or videotaped. Parent/Guardian understands and agrees that the photographs, video, and/or media containing the image and/or voice of the Participant may be used in the production of instructional and/or promotional materials produced by or on behalf of Hui Mālama i ke Ala ‘Ūlili and that such materials may be distributed or broadcast to the public and displayed publicly. Parent/Guardian also understands that permission to use the photographs, video, and/or media is for an unlimited duration and that neither Parent/Guardian nor the Participant will receive any compensation for granting this permission or for the use, if any, by Hui Mālama i ke Ala ‘Ūlili of the Participant’s image and/or voice.
- (G) Parent/Guardian promises to assure that Participant is picked up, or allowed to walk home, no later than 15 minutes after close of program at 5:30 pm and that late pick-ups may result in suspension and/or removal of Participant from the HoAMa After School Program.
- (H) Parent/Guardian agrees to notify Hui Mālama i ke Ala ‘Ūlili about any changes in contact information, medical condition of Participant, as well as withdrawal of participant from program – and complete exit form.
- (I) Parent/Guardian acknowledges to be least 18 years of age and the parent/guardian/legal representative of the Participant. Parent/Guardian also confirms to have read this agreement and to understand the terms and conditions. Finally, Parent/Guardian verifies to have discussed this agreement with the Participant and that the Participant understands his/her responsibilities as a HoAMa After School Program participant.

Date:

Parent/Guardian Signature:

