

Kama'aina Kids Sitters

156 Hamakua Drive, Suite C • Kailua, Hawaii 96734-2834
email: sitter@kamaainakids.com • website: www.kamaainakids.com

Reservation #: (808) 372-5992
Email Form to: sitters@kamaainakids.com



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

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, hotel & convention childcare, and In-Room Babysitting.

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 - Hotel Guests

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.

To make a babysitting reservation:

1. Parent fills out the "Request a Sitter" form with concierge.
2. Kama'aina Kids will call Parent/ Concierge with credit card information when a sitter is confirmed.
3. Parent fills out the reservation form with payment information then faxes completed form to (808) 261-8525.

Hotel Rates (4 hour minimum)

One Child: \$30/hr
Two Children : \$35/hr
Three Children : \$40/hr

On Major Holidays - One Child: \$45/ hr

Thanksgiving	New Year's Eve
Christmas Eve	New Year's Day
Christmas Day	Easter

Two Children: \$50/ hr
Three Children: \$55/ hr

Cancellation Policy:

1. Cancellation fee of \$35 will be automatically charged if a minimum of 8 hours notice is not given to cancel sitter.
2. On holidays, a cancellation fee of \$70 will be charged if a minimum of 12 hours notice is not given to cancel sitter.
3. If sitter is en route to hotel or on-site at the time of cancellation, a charge of the minimum required 4 hours will be assessed.

Group programs and full day rates, available upon request

Kama'aina Kids Sitters

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

1. Child's Name (Last, First, M.I.) _____

Age _____ Gender _____ Allergies _____

Child's Name (Last, First, M.I.) _____

Age _____ Gender _____ Allergies _____

Child's Name (Last, First, M.I.) _____

Age _____ Gender _____ Allergies _____

2. Special Instructions _____

3. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)

Mr. or Mrs.- Name (Last, First) _____

Cell Phone No. (With Area Code) _____

Mr. or Mrs.- Name (Last, First) _____

Cell Phone No. (With Area Code) _____

4. Hotel _____ Hotel Room # _____

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 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.

I/ 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 _____

Dates & Times

Date: _____

Time: _____

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

Rates: (4 hour minimum)

1 Child:
\$30/hr. x _____ hrs = _____

2 Children:
\$35/hr. x _____ hrs = _____

3 Children:
\$40/hr. x _____ hrs = _____

Total _____ (Tax included)

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Payment:

VISA MasterCard Discover Amex

Name as it appears on card: _____

Card Number: _____

Total Amt to be charged : \$ _____ Exp. Date: _____

Signature: _____

Date: _____

Please email registration form
and payment to:
sitters@kamaainakids.com

Questions?
Call 372-5992

