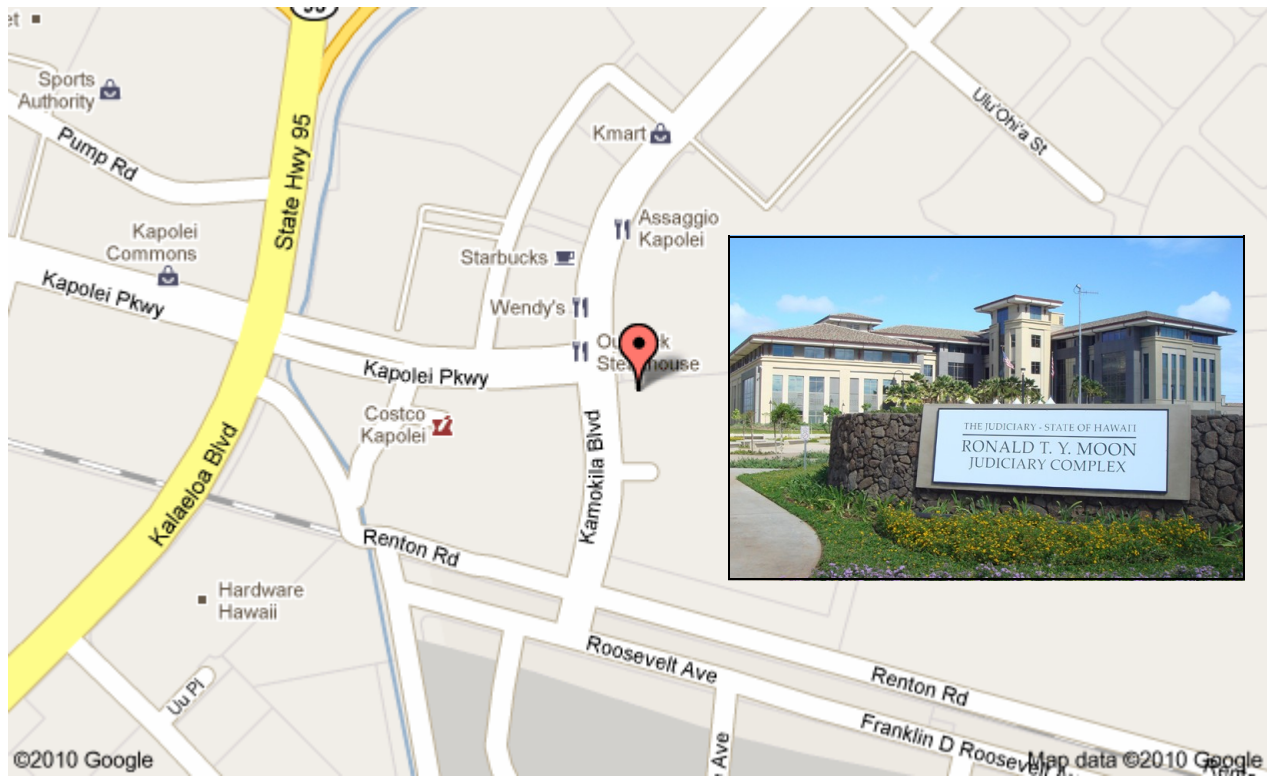




# Map & Directions to the Ronald T.Y. Moon Kapolei Courthouse



The courthouse is located at 4675 Kapolei Parkway, Kapolei.

The easiest way to get there from Honolulu is to take **Exit 1** off of the H-1 freeway. Follow the road as it veers to the right, goes back over the freeway and down the hill. Next, take a left at the first traffic light. Drive by Costco. When you come to the stop light, turn right. The entrance to the Courthouse will be on your left.

Coming from Wai'anae, take **Exit 1A**. Follow the road as it veers right and take a left at the first traffic light. Drive by Costco and turn right at stop light. The entrance to the Courthouse will be on your left.

The event begins on the third floor in the Multipurpose Room. There will be signs directing you to the room.

*Parking is in front of the courthouse and is 100% metered. Bring lots of quarters as parking meters only take quarters. Each quarter gives you 30 minutes, max 4 hours at a time.*

# Teen Day XI : *Dream4Real*

## Youth Registration Form

Ronald T. Y. Moon Kapolei Courthouse

Friday, June 5, 2015

11:00 a.m. – 4:00 p.m.

*Complete form with as much information as possible.*

Name: \_\_\_\_\_  I am currently or I was in foster care.

Have you attended a Teen Day in the past?  Yes  No Gender:  M  F

Have you attended a court hearing in your foster care case?  Yes  No

My current legal status is:  Foster Care  Under Legal Guardianship  Adopted

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Youth's Phone & E-mail: \_\_\_\_\_

Social Worker Name: \_\_\_\_\_ Attending:  Yes  No  Maybe

Social Worker's Phone Number & E-mail: \_\_\_\_\_

Youth's Caregiver Name: \_\_\_\_\_ Attending:  Yes  No  Maybe

Caregiver's Phone Number & E-mail: \_\_\_\_\_

GAL/CASA Name \_\_\_\_\_ Attending:  Yes  No  Maybe

GAL/CASA's Phone Number & E-mail \_\_\_\_\_

**Who will transport you to Teen Day?** \_\_\_\_\_

*If you need help finding transportation, please talk to your caregiver, social worker, GAL or Judith @ 540-2543.*

Transporter's Phone Number and/or E-mail: \_\_\_\_\_

**Permission** (If youth is a minor): I give permission for \_\_\_\_\_ to participate in the Teen Day program. If I or the youth's social worker cannot be contacted and the youth named above requires medical attention or hospitalization, I give my permission to commence treatment immediately.

Print Name: \_\_\_\_\_ Legal Relationship to Youth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Space available on a first come, first served basis! RSVP by May 22, 2015**

**Return this form to Judith Wilhoite, event coordinator, via e-mail, fax or US Postal Service::**

Judith Wilhoite  
Family Programs Hawai'i  
250 Vineyard Street  
Honolulu, HI 96813

Fax: (808) 533-1018  
E-mail: [jwtwilhoite@familyprogramshi.org](mailto:jwtwilhoite@familyprogramshi.org)

# Teen Day XI : Dream4Real

## Adult Registration Form

Ronald T. Y. Moon Kapolei Courthouse  
Friday, June 5, 2015  
11:00 a.m. – 4:00 p.m.

*Please complete registration form and return to Judith Wilhoite. (Contact info below.)*

Name: \_\_\_\_\_

**Community Role:**

(Please mark all that apply)

Resource Caregiver (formerly referred to as a Foster Parent)     Legal Guardian     Adoptive Parent

Social/Case Worker     GAL/CASA     Judiciary     Service Provider     Other \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Will you be transporting youth to Teen Day?     No     Yes

If you are transporting youth to the event, please be sure that each youth has registered for the event.

Number of Youth I am transporting: \_\_\_\_\_

Name(s) of Youth I am transporting:

Youth's Name: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

**Space available on a first come, first served basis! RSVP by May 22, 2015**

*Questions? Contact Judith at 540-2543 or [jwilhoite@familyprogramshi.org](mailto:jwilhoite@familyprogramshi.org).*

**Return this form to Judith Wilhoite, event coordinator, via e-mail, fax or US Postal Service::**

Judith Wilhoite  
Family Programs Hawai'i  
250 Vineyard Street  
Honolulu, HI 96813

**Fax:** (808) 533-1018  
**E-mail:** [jwilhoite@familyprogramshi.org](mailto:jwilhoite@familyprogramshi.org)