



KILOHANA PRESCHOOL

5829 Mahimahi Street, Honolulu, HI 96821

Phone: (808) 373-4434

Fax: (808) 373-3372

**Summer 2018
June 6 – July 17**

STUDENT: _____
Last Name First Name

Preference given to currently enrolled students. Summer School is 6 weeks.

SUMMER SCHOOL RATE FOR THE FULL 6 WEEKS:

Choose (circle) the one you prefer and mark 1st and 2nd choice.

Drop off - Pick up **6 Week Tuition** _____

8:00 – 12:00 Daily _____ **\$1012** Includes a.m. snack. Children eat lunch in the classroom.
Parent provides lunch & a beverage from home.

8:00 – 5:00 Daily _____ **\$1245** Same as above. Includes p.m. snack, indoor play & activities.
Pickup must be before close of school at 5:00 pm.

*Tuition is for the FULL 6 weeks.
There is no prorated tuition.

OCCASIONAL CARE: 7:15 am – 8:00 **\$10.00 per day or \$100 per Summer session.**
(24 hours notice is needed for early drop off.)

Tuition is due before the first day of Summer School Session. A 25% discount is given for a second child enrolled at the same time as first child. After the 1st day of the month, a late fee will be charged for each school business day the tuition is unpaid. No reduction in tuition for child's absences.

FEES AND DEPOSIT

SUMMER REGISTRATION ONLY: \$25.00 Due with this application. **NON-REFUNDABLE.**
If Summer Session is full, you will be added to the waitlist.
LATE PICK UP FEE: \$25.00 For first 15 minutes, and \$10.00 for each additional 15 mins

TUITION IS DUE BEFORE THE 1ST DAY SUMMER SCHOOL STARTS.

Late tuition: \$5.00 per school business day School Begins. If tuition is not paid by the first week of summer session, your child will be unenrolled for summer session.

RETURN CHECK FEE: \$35.00

School is closed on Federal and State holidays. Children are accepted with the understanding that they will remain through 6 weeks Summer School. If you choose to end summer session early for a family vacation or personal reasons, tuition is non-refundable.

PERSON RESPONSIBLE FOR PAYMENT:

Name: _____

Address: _____ Phone: _____

Payment Preference: _____ Online Banking _____ Credit Card 2.9% fee added _____ Check

THE UNDERSIGNED AGREES TO THE TERMS AND PAYMENTS INDICATED ABOVE:

Signature: _____ **Date:** _____



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.
APPLICATION FORM (PAGE 2)

Please complete all parts of this application form, so Kilohana Preschool has accurate information for your child's benefit. Please report any changes, especially emergency or work numbers, so we have current information on file for your child. Thank you!

DATE TO ENTER PRESCHOOL: _____

Student's Full Name: _____ **Nickname:** _____

Child's Age: _____ **Birthdate:** _____ **Gender:** Male Female

Parent/Legal Guardian Information

Child's Parent/Legal Guardian Name: _____ **Relationship:** _____

Marital Status: _____ **Cell Phone:** _____

*Authorization of text messages for urgent/emergency Preschool communication: yes no

Home Phone: _____ Work: _____

Email Address: _____

Home Address: _____

**Preferred mode of communication for general Preschool announcements:*

Text Message: Email: Paper Copy:

Parent/Legal Guardian Name: _____ **Relationship:** _____

Cell Phone: _____

*Authorization of text messages for urgent/emergency Preschool communication: yes no

Home phone: _____ Work: _____

Email Address: _____

Home address: _____

**Preferred mode of communication for general Preschool announcements:*

Text Message: Email: Paper Copy:



Child's Personal History

Brothers or sisters at home (Names/ages): _____

Other persons living at home: _____

Primary Language spoken at home: _____ Age child began talking: _____ Can speak now: _____

Phrases: _____

Sentences: _____

Other: _____

Secondary Languages: _____

Any special words your child uses to describe his/her needs: _____

Child's Health:

General Health: _____ Susceptibility to colds: _____

What arrangements can you make for child's care during illness?: _____

Any communicable diseases child has had:

Measles __ Mumps __ Chicken pox __ Whooping Cough __ Other __

Any serious illness or hospitalization: _____

Any physical limitations: _____

Allergies (bee stings, foods, etc...) _____

Any other health information we should know (example: gets convulsions with fever, throws up when cries, frequent nosebleeds, taking medication, tubes in ears, asthma, premature birth, etc...)

Child's Toileting:

Child must be out of diapers and training pants. At our preschool, your child should be able to do the following things on his/her own. Please indicate if he/she can do these by him/herself:

- ___ Knows when to go to the bathroom ___ Wipes him/herself
___ Gets up and down from the toilet ___ Flushes toilet, washes hands
___ Can pull pants up and down ___ Stays dry at naptime

Child's Behavior:

Has your child been in any school or playgroup before? _____

How do you feel your child will react to new surroundings/new school? _____

What methods work best for you at home in gaining your child's cooperation? _____

What are your child's interests? _____

What are his/her strengths/things you like best about him/her? _____

How can we help your child gain the most from his/her school experience? _____



Emergency Contact other than Parent or Guardian:

1. _____ Relationship: _____

Cell phone: _____ Home: _____ email: _____

*Receive text messages for urgent/emergency Preschool communication: yes no

2. _____ Relationship: _____

Cell phone: _____ Home: _____ email: _____

*Receive text messages for urgent/emergency Preschool communication: yes no

******* AUTHORIZED PERSON(S) TO PICK UP CHILD FROM SCHOOL *******

(Must be at least 18 years old or over)

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

4. _____

Signature: _____ Date: _____



Kilohana Preschool Parent Consent and Releases

***CONSENT FOR RELEASE OF HOME INFORMATION**

During the school year we distribute class lists to parents to help them be better acquainted with one another. **Please check boxes** of the information you are authorizing Kilohana Preschool to share on this class list. Included would be:

Child's Name Child's Address Parent's Name

Phone Number Email

***EXCURSION PERMISSION:**

My child _____ has/have my permission to go on all excursions away from the school grounds. I understand that Kilohana United Methodist Preschool, Inc. will maintain the highest possible safety standards, and I release the school and any accompanying parents from responsibility or liability in case of accident. I understand that an "event specific" consent form will be required prior to all off-site events.

*****PHOTO/MEDIA RELEASE FORM FOR STUDENTS AND PARENTS**

Kilohana Preschool has my permission to use my or my child's photograph for public use to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Phone Number: _____

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Phone Number: _____



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.
APPLICATION FORM (PAGE 6)

KILOHANA PRESCHOOL CONSENT FOR TREATMENT

The City and County Ambulance Service requires every student to have a signed and authorized "Consent for Treatment" Form on file. This form is applied on the very rare occasion that immediate medical action must be given to a child and parents/legal guardians cannot be reached. In the case of such an accident, parents/legal guardians will be contacted first. If a parent /guardian cannot be reached, this consent form serves as a back-up plan to insure your child will be properly cared for. Please provide the required medical information needed and sign for authorization.

Medical Information

Child's Medical Characteristics (allergies, etc.): _____

Insurance Carrier: _____ Policy #: _____

Child's Primary Physician : _____ Phone #: _____

Address: _____

Child's Dentist: _____ Phone #: _____

Address: _____

Authorization of Consent of Treatment

We, _____ and _____ hereby agree that, if Kilohana Preschool staff is unable to contact me or one of the persons listed as an emergency contact, I hereby give consent that if my child exhibits signs of illness or injury, that at the discretion of the Kilohana Preschool supervisor on duty, my child may be taken to the nearest medical facility (Kapiolani Medical Center for Woman and Children, 1319 Punahou St. Honolulu, HI 96826) 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 Kilohana Preschool Supervisor or staff in charge. I agree to be responsible for any emergency medical costs.

****Both parent/guardian signatures required****

****Signature of Parent/Guardian: _____ Date: _____**

Print Name: _____

****Signature of Parent/Guardian: _____ Date: _____**

Print Name: _____