



# KILOHANA PRESCHOOL

5829 Mahimahi Street, Honolulu, HI 96821

Phone: (808) 373-4434

Fax: (808) 373-3372

Date Received

**2019-2020 year begins  
August 6, 2019**

**STUDENT:** \_\_\_\_\_  
Last Name First Name

Preference given to children enrolled daily. If space is available, we offer Mon/Wed/Fri or Tues/Thurs enrollment.

**MONTHLY SCHEDULE and RATE: Choose (circle) the one you prefer by marking 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice.**

<u>Drop off - Pick up</u>	<u>Daily</u>	<u>M/W/F</u>	<u>T/Th</u>	
8:00 – 12:00	__ \$725	__ \$620	__ \$515	Includes a.m. snack. Children eat lunch in the classroom. Parent provides lunch & a beverage from home.
8:00 – 2:30	__ \$790	__ \$660	__ \$540	Same as above. Nap time from 12:00 – 1:00 or 2:00 pm.
8:00 – 5:30	__ \$830	__ \$710	__ \$565	Same as above. Includes p.m. snack, indoor play & activities. *Pickup must be before close of school at 5:30 pm.

Tuition may be paid annually, semi-annually, quarterly or monthly. A 2% discount is offered if tuition is paid 6 or more months in advance.

A 25% discount is given for a second child enrolled at the same time as first child. Tuition is due by the 1<sup>st</sup> of each month. After the 1<sup>st</sup> 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.

**OCCASIONAL CARE:** (Check space where applicable) \_\_\_\_\_

7:15 – 8:00	\$15.00 per day or \$85 per month
12:00 – 2:30	\$15.00 per day (no p.m. snack)
12:00 – 5:30	\$30.00 per day (with p.m. snack)
2:30 – 5:30	\$15.00 per day (with p.m. snack)

For students enrolled in one of the programs above, we offer occasional care. Payments made on a daily basis or ahead of time in monthly tuition.

### FEES AND DEPOSIT

<b>ANNUAL REGISTRATION:</b> (All students, currently enrolled or new)	\$50.00	Due with this application. <b>NON-REFUNDABLE.</b>
<b>ANNUAL COMPREHENSIVE FEE:</b> (All students, currently enrolled or new)	\$150.00	Covers cost of excursions, special events/programs, Kiloohana T-shirts. <b>NON-REFUNDABLE.</b>
<b>DEPOSIT</b> (All new students)	\$100.00	For current School year entrance. Due 1 week after confirmation letter is sent. Applied to last month's tuition when you provide a 2-week (14-day) notice of withdrawal: after a minimum of 3 months attendance. <b>NON-REFUNDABLE</b> if these criteria are not met.
<b>LATE PICK UP FEE:</b>	\$25.00	\$25.00 for first 15 minutes, and \$10.00 for each additional 15 minutes.
<b>TUITION IS DUE BY THE 1<sup>ST</sup> OF EACH MONTH.</b>		<b>Late tuition: \$5.00 per school business day after 1<sup>st</sup> of month.</b> Tuition not paid by the last day of the month will result in dropping the child from enrollment. Upon paying outstanding tuition, the child may be reinstated if space is still available.
<b>RETURN CHECK FEE:</b>	\$35.00	

School is closed on Federal and State holidays, Christmas break and Spring break, for time in the late summer and for teacher work days. Children are accepted with the understanding that they will remain through the school year; no drop-in care.

**PERSON RESPONSIBLE FOR PAYMENT: Name:** \_\_\_\_\_

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

Payment Preference: \_\_\_ Online Banking: (Please add \$1.00 Fee) Check: \_\_\_ Cash: \_\_\_

**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:



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.  
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**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:**

The 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? \_\_\_\_\_



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.  
APPLICATION FORM (PAGE 4)

**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 Names   
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 an 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 ensure 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: \_\_\_\_\_