KILOHANA PRESCHOOL

5829 Mahimahi Street, Honolulu, HI 96821
Phone: (808) 373-4434
Fax: (808) 373-3372

For Administrative use only:
Date Received

2021-2022 year begins
August 3, 2021

STUDENT: _____ _____ _____
Last Name **First Name** **D.O.B.**

Preference given to children enrolled daily.

MONTHLY SCHEDULE and RATE: Choose (circle) the one you prefer by marking 1st or 2nd choice.

Drop off - Pick up Daily

Due to the COVID-19 pandemic we have temporarily modified our enrollment options.

Includes a.m. snack. Children eat lunch in the classroom. Parent provides lunch & a beverage from home.

7:45 – 8:00	**__$30**	Early Drop Off
8:00 – 2:30	**__$855**	Nap time from 12:00 – 1:00 or 2:00 pm.
8:00 – 5:00	**__$900**	Same as above. Includes p.m. snack, indoor play & activities. *Pickup must be before close of school at 5:00 pm.

Tuition is to be paid on or before the first business day of the month.
A 25% discount is given for a second child enrolled at the same time as first child. Tuition is due by the 1st of each month. After the 1st day of the month, a $5. 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

ANNUAL REGISTRATION: (All students, currently enrolled or new)	$50.00	Due with this application. **NON-REFUNDABLE.**
ANNUAL COMPREHENSIVE FEE: (All students, currently enrolled or new)	$150.00	Covers cost of excursions, special events/programs, Kilohana T-shirts**.** **NON-REFUNDABLE.**
DEPOSIT (All new students)	$100.00	For current School year entrance. Due 1 week after confirmation letter is sent or acceptance granted. Applied to last month's tuition when you provide a 2-week (14-day) notice of withdrawal: after a minimum of 3 months attendance. **NON-REFUNDABLE** if these criteria are not met.
LATE PICK UP FEE:	$25.00	$25.00 for first 15 minutes, and $10.00 for each additional 15 minutes.
TUITION IS DUE BY THE 1ST OF EACH MONTH.		**Late tuition: $5.00 per school business day after 1st of month.** 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.
RETURN CHECK FEE:	$35.00	

School is closed on Federal and State holidays, Christmas Break 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 (ECHECK): ____ Check or 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: ☐

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? _____

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 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 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 for 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:_____

Student Information

First Name _____ Last Name _____ Birthdate _____

Address _____

Alternative Contact/pickup (ph#) _____

City _____ State _____ Zip _____

Alternate Contact/pickup (ph#) _____

Mother's Name _____ (w) _____ (c) Phone

Father's Name _____ (w) _____ (c) Phone

Physician Name/Medical System/ Ph# _____

KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.
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Child Care COVID-19 Liability Waiver

1st Child's Information	
First Name:	Last Name:
DOB:	Lives with:
2nd Child's Information	
First Name:	Last Name:
DOB:	Lives with:
Parent/Guardian Information	
First Name:	Last Name:
Relation to child:	Home Phone #:
Email:	Mobile Phone #:

Liability Waiver

The undersigned agree, understand and acknowledge that I have made a voluntary decision for my child(ren) to attend the KUMC Preschool during the COVID-19 pandemic. I understand and acknowledge that having my child(ren) attend the Preschool comes with certain risks that cannot be eliminated.

I further agree, understand and acknowledge that as a condition to have my child(ren) attend KUMC Preschool, that I will adhere to the following guidelines EACH DAY:

1) A designated staff member of the Preschool will perform daily temperature checks upon the child(ren)'s arrival.
2) My child(ren) shall not be brought to the Preschool if they exhibit any signs or symptoms: fever, cough, chills, shortness of breath, headache, loss of taste, smell or sore throat.
3) My child(ren) shall not be brought to the Preschool if they have been in close contact with a suspected or confirmed case of COVID-19.
4) My child(ren) shall not be brought to the Preschool if they have been in close contact with anyone who has travelled out-of-state within the past 14 days.
5) If my child(ren) show symptoms during the course of their daily attendance, the Preschool director will contact you and you will make arrangements to immediately remove them from the campus and will report the status of their condition to the Preschool thereafter.

I have fully read and understand this agreement and release all liability if my child(ren) contract the COVID-19 virus.

_____ _____ _____

Signature of Parent/Guardian Relation to child(ren) Date

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Child's Name:_____

Covid-19 Verification Form for Returning Children

Please answer yes or no to the following questions:

1. Do you live with anyone or have you had close contact with anyone who has been diagnosed with COVID-19 in the past 14 days?

2. Do you or anyone in your household have a fever, cough and/or shortness of breath?

3. Do you or your child(ren) have any other signs of communicable illness such as a cold or the flu?

4. Have you travelled off the island of Oahu in the past 14 days?

_____ _____

Print Parent/Guardian Name Relationship to the Child

_____ _____

Parent/Guardian Signature Date

Tuition Payment Authorization Form

Name of Student: _____

Parent/Guardian Last Name:	First Name:
Street Address:	Email Address
City & State:	Zip:

Option 1- I will pay my child's tuition with either a check or cash

Check _____ Cash_____

Option 2 – I will authorize Kilohana Preschool to debit my bank account via ECheck
*********($3.00 will be added to the tuition to cover the service fee.)*********

Please debit payment from my (check one):

Checking Account: _____ Savings Account: _____ Telephone #_____

Bank Name: _____ Name(s) on Bank Account: _____

Routing Number: _____ Account Number: _____

I authorize Kilohana UMC Preschool to process debit entries to my account.
I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Kilohana United Methodist Church Preschool, Inc.

5829 Mahimahi Street, Honolulu, HI 96821

Website: Kilohanapreschool.com

Email: Lori@Kilohanapreschool.com

Phone: (808) 373-4434

Welcome to your First Day at Kilohana Preschool!

Below is important information that will be useful in making your transition to Kilohana successful!

Signing-In & Out:

- Park along the curb adjacent to the playground
- Wearing mask (both adult and child) approach the gate when signaled by the Director
- Child to receive no-touch temperature check
- Answer questions posed by the Director
- Child will be admitted if cleared and brought to wash hands and then escorted to their classroom

- Only adults over age 18 are permitted to drop off and pick up children.

Items to Bring:

- An extra set of clothes including extra facemask(s) to keep at school: Shirt, bottoms, and two underpants.
- *Please LABEL with your child's name*
- Lunch: 11:00 am
- Lunch container with nutritious food to refuel your child after their fun filled morning. Including a beverage and utensils as needed. Food should be ready to eat, cut into small bite-size pieces or finger food.
- Please NO candy, gum or soda. We are unable to refrigerate or heat food.

Naptime:

- Bring in a sleeping mat with attached blanket and pillow, washable and rolls up in a plastic bag.
- Optional: one small blanket or soft cuddle animal for naptime.
- Please be sure that all nap items FIT into a plastic bag for storage

Items to leave at Home:

- Please leave all toys and other accessories at home. Unless your child's teacher states when their class will host sharing day.

Sharing Day:

- Each room will share details and schedules in their room welcome letter.