



KILOHANA PRESCHOOL

5829 Mahimahi Street, Honolulu, HI 96821

Phone: (808) 373-4434

Fax: (808) 373-3372

For Administrative use only:
Date Received

2026-2027
School Year

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** _____

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 **__\$1,100**

Nap time from 12:00 – 1:00 or 2:00 pm.

8:00 – 5:00 **__\$1,200**

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)	\$500.00	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 one month 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: ☐



KILOHANA UNITED METHODIST CHURCH PRESCHOOL, Inc.
APPLICATION FORM (PAGE 3)

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? _____