

Kalihi Union Church Kindergarten 2214 North King Street Honolulu, HI 96819 Phone: (808) 841-7022 www.halihiunion.org

Dear Parents,

I appreciate your interest in our school! We have adopted an admissions policy that opens the school to spiritually like-minded families who support our philosophy, objectives, and standards of education and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education but a distinctively *Christian* education for their children.

Applying for our school is easy as 1-2-3! Simply call the number to schedule a tour to see if our school is the right fit for you and your family. Then, please fill out the attached application. After we receive your application and application fee, you will be contacted to schedule a short family interview. Upon acceptance into one of our programs, you would then complete the rest of your enrollment forms and submit all registration paperwork.

Enrollment is open from February to the end of August every school year. If you are applying after August, your name and information will be placed on a waiting list and if a spot becomes available, you will be contacted. Otherwise, you would be placed in a class the following school year.

Our school is not like anywhere else on the island. Biblical principles are integrated into every subject taught in our school. Our staff is committed to academic excellence and teaching students how to apply the truths of God's Word to every aspect of life. We look forward to partnering with you in educating your child in God's truth.

Sincerely,

Mrs. Starlisha Sylvester Director, Preschool & Kindergarten Kalihi Union Church

*** Office Use	Only ***
Application Received	
Application Fee Paid	
Session #	
Start Date	

Enrollment Application for School Year:

Child's Name:			D	ate of Birth:	
Address:					
City:			_ State:	Zip Code:	
Parents are:	Single	Married _	Divorced	Separated	Widowed
		Fam	nily History		
Biological Mot	her/ Legal G	uardian:			
Address: (write	SAME if san	ne as above)			
Primary Phone:			Secondary	Phone:	
E-mail:					
Biological Fath	ner/ Legal Gu	ıardian:			
Address: (write	SAME if san	ne as above)			
Primary Phone:			Secondary Ph	none:	
E mail:					

Emergency/Release Information (other than parents)

Please provide a copy of a photo I.D. for each person. Name: Relationship to Child: Primary Phone: Secondary Phone: Name: Relationship to Child: Address: Primary Phone: Secondary Phone: **Medical Information** Name of Physician: Address: Phone: Allergies: Ongoing/Recurring Medical Conditions: Medications (list):

NON-DISCRIMINATORY POLICY:

Kalihi Union Church Kindergarten (KUCK) is non-discriminatory in its admissions policy. All school-aged children are eligible for enrollment regardless of gender, race, religion, age of parents, national origin, or disability. Children who have been diagnosed as having an emotional, physical, or learning disability are requested to submit, prior to registration, an assessment report that the Director will review to help KUCK determine if its program can provide quality service within reasonable accommodation (determined by the director) to meet your child's needs. We encourage parents to help us in best determining their child's placement. KUCK reserves the right to dismiss any student whose presence in the school is considered detrimental to the student's best interest.

all that is a	pplicable:
Referral No	eeds: (Please attach assessment reports).
Medical No	eeds: (Please attach assessment reports).
My child d	oes not require any special accommodations.
	ENROLLMENT FEES
_ \$75	Enrollment Application Fee
	(Due with application)
_ \$60	Before Care
\$775	Kindergarten
\$125	After Care
	\$261.55 Book &
	Curriculum Fee (Due by
	August 1)
	Referral No Medical No My child d _ \$75 _ \$60 _ \$775



Kalihi Union Church Kindergarten

Striving for God and excellence every day!

Parent Questionnaire for Children Entering Kindergarten

School of Residence	Date of Scr	reening	
		_	
Child's Name		_ Date	
What would you like us to call you	our child? (i.e., Tommy,	, TJ)	
Birth DateC	Gender		
1. Please Circle characteristics/po	ersonality traits that desc	cribe your chil	d:
Comfortable in new surroundings	Easily upset	Quiet	Clumsy
Needs a lot of attention	Slow to warm up	Shy	Fearful
Asks for help when needed	Likes to be alone	Easy-going	Clingy
Seeks out peers to play with	Smiles a lot	Impulsive	Sucks Thumb
Over stimulated by noise	Has temper tantrums	Friendly	Good-natured
Gets along well with others	Has difficulty sleeping	Plays alone	Right or Left-handed
Comments			
2. Describe your child's favorite	thing to do and/or speci	al interests.	
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3. Describe the experience your child has with books in your home.
4. Describe any special circumstance/health problems which have affected your child's development or performance in school. (For example, severe allergies, illness, ear infections, particular learning or attention difficulties, frequent changes of homes or schools, etc.) Please add any current medications. Please explain.
5. Do you have any concerns about any area of your child's development?
6. Describe any developmental evaluation/screenings your child has received (Hearing, vision, dental, neurological, speech, occupational or physical therapy, etc.)
7. How much time approximately does your child watch television each day?
9. Has your child attended another early care, education, or group instruction setting (childcare, Parent's Day Out, preschool, gymnastics)? If so, where and at what age

10. What do you hope will be included in your child's education program in kindergarten?
11. Describe the marital status of parents and/or custody visiting arrangements (if applicable).
12. List siblings and their ages.
13. List any other members of the household (including pets).
14. Does anyone else help to take care of your child on a regular basis?
15. Please add anything else you would like to share about your child.
Person Completing Form Relationship to Applicant
Signature



KALIHI UNION CHURCH Preschool & Kindergarten

love God. love others. impact the world.

TUITION PAYMENT OPTIONS

Tuition payments are due by **the 5th of every month.** Tuition is non-refundable and is not pro-rated. If tuition is received after the 5th, a \$100 late will occur.

The following payment options are available:

- 1. Cash Payments
- 2. Check Payments
 - a. Make checks payable to 'Kalihi Union Church Kindergarten'
 - b. Write the Child's Name in Memo
- 3. Online Payments: HiMama App: https://www.himama.com/login

 ➤ You can use a debit card, credit card, and your bank account information for a bank transfer to pay your invoices. You can also set up automatic payments so payments come out every month on time, and you will never have to worry about a late fee. All major Credit card transactions will incur a 2.9% surcharge fee for Visa and MasterCard, a 3.25% surcharge fee for American Express. ACH Bank Transfers will incur a \$0.60 ACH/EFT processing fee. Debit Card transactions will receive a separate administration fee invoice of 3.25%. A bank transfer is the best option with the lowest transaction fee amount.

Parent/Guardian Authorization and Agreement Section: (Please initial each one to show you accept each condition)

Father/Guardian Signature Date	
Mother Signature Date	
Both parents/guardians listed on the application must sign below.	
I certify that all information I have provided to Kalihi Union Church Kindergarten is true and current.	
5) I give Kalihi Union Church Kindergarten permission to photograph, video, or display my child's work for educational and marketing purposes.	
4) I authorize my child to participate in any and all field trips, special events, and functions of the school and church. Should I want my child to be exempt from a field trip, special event, or function of the school and church, I will communicate that through a written notice at least 10 days prior to the field trip, event, or function.	
3) Should my child be accepted for enrollment at Kalihi Union Church Kindergarten for a designated school year, I agree to pay all financial responsibilities evidenced by this enrollment.	
2) I hereby authorize Kalihi Union Church Kindergarten to provide medical care for my child in cases of emergency. I will provide written authorization and proof of medical prescription for all other medical care needed. I acknowledge that Kalihi Union Kindergarten reserves the right to refuse the administration of any medical prescriptions.	
1) I acknowledge that Kalihi Union Church Kindergarten is a Christian school. I fully accept and consent for my child and family to be taught, counseled, and held accountable to the theology and practices of the school.	

How did you hear about our school?

- o Search Engine (Google, Yahoo, etc.)
- o Social Media
- o Kalihi Union Church
- o Radio (95.5 advertisements)
- o Care.com
- o Recommended by family or friends.

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