



KALIHI UNION CHURCH  
Preschool & Kindergarten  
*love God. love others. impact the world.*

Kalihi Union Church Kindergarten  
2214 North King Street  
Honolulu, HI 96819  
Phone: (808) 841-1293  
kalihichristianschool.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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents are: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

**Family History**

**Biological Mother/ Legal Guardian:** \_\_\_\_\_

Address: (write SAME if same as above)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Biological Father/ Legal Guardian:** \_\_\_\_\_

Address: (write SAME if same as above)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency/Release Information (other than parents)**

Please provide a copy of a photo I.D. for each person.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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.**

Check all that is applicable:

- \_\_\_\_\_ Referral Needs: (Please attach assessment reports).  
\_\_\_\_\_ Medical Needs: (Please attach assessment reports).  
\_\_\_\_\_ My child does not require any special accommodations.

## ENROLLMENT FEES

- \_\_\_\_\_ \$150 Enrollment Application Fee  
(Due with application)  
\_\_\_\_\_ \$80 Before Care  
\_\_\_\_\_ \$875 Kindergarten  
\_\_\_\_\_ \$150 After Care  
\_\_\_\_\_ \$261.55 Book &  
Curriculum Fee (Due by  
July 1)



**Kalihi Union Church Kindergarten**  
*Striving for God and excellence every day!*

**Parent Questionnaire for Children Entering Kindergarten**

School of Residence \_\_\_\_\_ Date of Screening \_\_\_\_\_

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Child's Name \_\_\_\_\_ Date \_\_\_\_\_

What would you like us to call your child? (i.e., Tommy, TJ) \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

1. Please Circle characteristics/personality traits that describe your child:

- |                                 |                         |             |                      |
|---------------------------------|-------------------------|-------------|----------------------|
| 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 \_\_\_\_\_

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2. Describe your child's favorite thing to do and/or special interests. \_\_\_\_\_

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3. Describe the experience your child has with books in your home.

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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.

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5. Do you have any concerns about any area of your child's development?

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6. Describe any developmental evaluation/screenings your child has received (Hearing, vision, dental, neurological, speech, occupational or physical therapy, etc.)

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7. How much time approximately does your child watch television each day? \_\_\_\_\_

8. Has your child been exposed to any language other than English? Please explain.

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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

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10. What do you hope will be included in your child's education program in kindergarten?

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11. Describe the marital status of parents and/or custody visiting arrangements (if applicable). \_\_\_\_\_

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12. List siblings and their ages. \_\_\_\_\_

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13. List any other members of the household (including pets). \_\_\_\_\_

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14. Does anyone else help to take care of your child on a regular basis?

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15. Please add anything else you would like to share about your child.

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Person Completing Form \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_



**Parent/Guardian Authorization and Agreement Section:**

(Please initial each one to show you accept each condition)

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 5) I give Kalihi Union Church Kindergarten permission to photograph, video, or display my child's work for educational and marketing purposes.

I certify that all information I have provided to Kalihi Union Church Kindergarten is true and current.

**Both parents/guardians listed on the application must sign below.**

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**Mother Signature**

**Date**

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**Father/Guardian Signature**

**Date**

**How did you hear about our school?**

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