

How did you hear about our school?

- Search engines (Google, Yahoo, etc.)
- Social Media
- Kalihi Union Church
- Radio (95.5 advertisement)
- Care.com
- Recommended by family or friend:

****** Office Use Only ******

Application rec'd _____
App Fee Paid _____
Session # _____
Start Date _____

Enrollment Application for School Year: _____

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____

Parents are: Married _____ Divorced _____ Single _____

FAMILY HISTORY

Biological Mother/ Legal Guardian

Name: _____

Address: (write SAME if same as above) _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Biological Father/ Legal Guardian Name:

Address: (write SAME if same as above) _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

EMERGENCY/RELEASE INFORMATION (other than parents)

***** Persons listed will assume responsibility for the child when parent/guardians are not available *****

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: _____

Physician's Business Address: _____

Physician's Phone: _____ Child's Allergies: _____

Ongoing/ recurrent medical conditions: _____

Medications (list): _____

NONDISCRIMINATORY POLICY:

Kalihi Christian School 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, before registration, an assessment report that the Director will review to help KUCP determine if its program can provide the quality service within reasonable accommodation (determined by the director) to meet your child's needs. We encourage parents to help us assess their child's placement. KUCP reserves the right to dismiss any student whose presence in the school is considered detrimental to the students' best interest.

Check all that is applicable:

___ My child does not require any special accommodations.

___ Referral Needs: (Please attach assessment reports).

___ Medical Needs: (Please attach assessment reports).

ENROLLMENT/TUITION RATE FEE

- Enrollment Application Fee (Due with Application): \$150
 - Book & Curriculum One-Time Fee:
 - Toddler - \$125
 - Preschool: \$125
 - Junior Kindergarten- \$180.20
 - Kindergarten- \$278.10
 - First Grade-\$300.10
 - New Student's Deposit - 50% of the Enrolled Class's Monthly Tuition
 - Schedule for All Classes: (M- F) 8:00 am - 2:00 pm Pickup is from 2:00 pm-2:30 pm
 - Toddlers-\$1075
 - Preschool/Junior K/Kindergarten/First Grade: \$875/month
- Part-time care (Toddler Class Only): \$675
MWF 8:00 am-12:00 pm OR
Tu/Th 8:00 am - 2:00 pm
- Before Care 7:00 am-8:00 am \$80/month
 - Aftercare 2:30 pm-5:30 pm \$150/month

TUITION PAYMENT OPTIONS

1. Tuition is due on the **FIRST of every month.**
 - a. There is a 4-day grace period. A \$100 late fee is charged to all payments not received by 5:00 pm on the **5th of every month.**
2. You may pay online via credit/debit card or ACH bank account through the Procare app, cash, check, or money order.
3. A 3.5% Processing Fee will be added to all credit card transaction payments.
4. A 2.9% Processing Fee will be added to all debit card transaction payments.
5. ACH Bank Transfers will incur a \$1.00 ACH processing fee.
6. A \$35 fee is assessed for all returned checks. A money order or cash payment must replace all NSF or non-sufficient funds checks.
7. Interest will be charged at 1% per month on balances outstanding more than 30 days.
8. A late fee of \$1.00 per minute will be charged for all late pickups.
9. 3 or more late pickups are subject to withdrawal.



AUTHORIZATION TO PICK UP A CHILD FORM

Name of Child(ren): _____

I inform Kalihi Christian School that the people listed below are authorized to pick up the above-named child/ren at any time. Accordingly, Kalihi Christian School is hereby instructed to release my child(ren) into the care of the following people whenever they come to the School.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless special written arrangements are made).

	Name	Address	Phone Number	Relationship
1				
2				
3				

I understand that:

Parents/guardians must inform Kalihi Christian School in writing when the person listed above will pick up their child(ren). This applies when the child's regular pickup routine varies.

If the person picking up your child(ren) is unfamiliar with the person on the above list, they will be asked to provide a photo ID to the staff. A copy of their ID will be kept in the child's file.

This document shall remain valid until edited or rescinded in writing by the parent/guardian. Authorized by:

Father/Guardian Signature _____ Date: _____

Mother/Guardian Signature _____ Date: _____



KALIHI CHRISTIAN SCHOOL
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PARENT/GUARDIAN AUTHORIZATION AND AGREEMENT SECTION

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

_____ 1. I acknowledge that Kalihi Christian School is a Christian school. I fully accept and consent for my child and family to be taught, counseled, and held accountable to the school's theology and practices.

_____ 2. I hereby authorize Kalihi Christian School to provide medical care for my child in cases of emergency. I will provide a written authorization and proof of medical prescription for all other medical care needed. I acknowledge that Kalihi Christian School reserves the right to refuse administration of any medical prescriptions.

_____ 3. Should my child be accepted for enrollment at Kalihi Christian School 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 school and church field trips, special events, and functions. If I want my child to be exempt from a field trip, special event, or function, I will communicate that in writing at least 10 days prior to the event or field trip. The child must remain at home for the event or field trip.

_____ 5. I give Kalihi Christian School 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 Christian School is accurate and current.

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

Father/Guardian Signature _____

Date: _____

Mother/Guardian Signature _____

Date: _____