



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) 841-7022
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: _____ 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 _____

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 _____

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

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? _____

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

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 _____



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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)

_____ 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.

Mother Signature

Date

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.
 - _____