



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

**Kalihi Union Church Preschool**

**2214 North King Street**

**Honolulu, HI. 96819**

**Phone: (808) 841-7022 ext 723 Email: [starlisha.sylvester@kalihiunion.org](mailto:starlisha.sylvester@kalihiunion.org)**

**Website: [www.kalihiunion.org /preschool](http://www.kalihiunion.org/preschool)**

Dear Parents:

Thank you for your interest in our school! We have adopted an admissions policy that opens the school to families who are like-minded spiritually, who are supportive of 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 a 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 would be contacted. Otherwise, you would be placed in a class the following school year.

Our school isn't like anywhere else on the island. Biblical principles are integrated into every subject taught in our school. Our staff is committed not only to academic excellence, but also to 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

Kalihi Union Church Preschool

How did you hear about our school?

- Search engine (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 \_\_\_\_\_

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**Enrollment Application for School Year: \_\_\_\_\_**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

**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 is same as above)

\_\_\_\_\_

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

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

## Emergency/ Release Information (other than parents)

\*\*\*n responsibility when parents/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: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

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

### Medical Information

Name of Physician: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Ongoing/ recurrent medical conditions: \_\_\_\_\_

\_\_\_\_\_  
Medications (list): \_\_\_\_\_

### NON-DISCRIMINATORY POLICY:

Kalihi Union Church Preschool 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 will be reviewed by the Director to help KUCP determine if its program can provide the quality service within reasonable accommodation (determine by the director) to meet your child's needs.** We encourage parents to help us in best determining

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:

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

### **ENROLLMENT FEES**

- \$75.00 Enrollment Application Fee (Due with application)
- \$60 Before Care 7:00-8:00am
- \$875.00 Preschool 8:00-2:00pm
- \$875.00 Junior Kindergarten 8:00-2:30pm
- \$125 Aftercare 2:30-5:30pm
- Technology, Book, & Curriculum Fee:
  - Toddlers/Preschool-\$125
  - Jr. K-\$170

### **TUITION PAYMENT OPTIONS**

Tuition payments are due by **the 5<sup>th</sup> 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** – Make all checks payable to:
  - a. **Kalihi Union Church Preschool**
  - b. **Write 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%. I would advise against using a debit card. A bank transfer is the best option with the lowest transaction fee amount.



## AUTHORIZATION TO PICK UP A CHILD FORM

Name of Child/ren \_\_\_\_\_

I hereby inform Kalihi Union Church Preschool that the people listed below are authorized to pick up the above named child/ren at any time. Accordingly, Kalihi Union Church Preschool 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 Union Church Preschool in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies.

Any person that picks up your child/ren will be asked to provide a photo ID to the staff if they are not familiar with the person on the above list. 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:

\_\_\_\_\_

Parent(s)/Guardian(s) Print

Date

Parent(s)/Guardian(s) Signature

Date

\_\_\_\_\_



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

I acknowledge that Kalihi Union Church Preschool 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 Preschool to provide medical care for my child in cases of emergency. All other medical care needed, I will provide a written authorization and proof of medical prescription. I acknowledge that Kalihi Union Church Preschool reserves the right to refuse administration of any medical prescriptions.

\_\_\_\_\_ 3) Should my child be accepted for enrollment at Kalihi Union Church Preschool 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 exempted from a field trip, special event or functions of the school and church, I will communicate that through written at least 10 days prior to the field trip, event or function.

\_\_\_\_\_ 5) I give Kalihi Union Church Preschool 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 Preschool is true and current.

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

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**\_ Mother Signature**

**Date**

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**\_ Father/Guardian Signature**

**Date**