Dear Parents:

Thank you for your interest in our preschool. 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.

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. Karen Maluo
Director
Kalihi Union Church Preschool
Enrollment Application for School Year: __________

Child’s Name: _______________________________ Date of Birth: __________

Address: ______________________________________________________________________

City: ___________________ State: __________ Zipcode: ______________

Parents are: ___ Single ___ Married ___ Divorced ___ Other

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: ____________________________________________________________

*** Office Use Only***
Application Rec’d __________
App. Fee Paid __________
Session # __________
Start Date __________

Kalihi Union Church Preschool
2214 North King Street
Honolulu, HI. 96819
(808) 841-7022
www.kalihiunion.org
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/ recurrent medical conditions: _________________________________________________

_________________________________________________________________________________

Medications (list): __________________________________________________________________

NON-DISCRIMINATORY POLICY:

Kalihi Union Church Preschool(KUCP) 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**

___ $35.00 Enrollment Application Fee (Due with application)

___ $40/day Drop In Care – Full Day (Based on Availability)

___ $555.00 Session I 8:30 am – 11:30 am

___ $660.00 Session II 8:30 am – 2:30 pm (Must be potty-trained)

___ $775.00 Session III 7:00 am – 5:00 pm (Must be potty-trained)

**TUITION PAYMENT OPTIONS**

Tuition payments are due by the 5th of every month. Tuition is non-refundable and is not pro-rated. 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 – Visit our website: [www.kalihiunion.org](http://www.kalihiunion.org)
   a. Go to Ministries Tab: Find Preschool
   b. Go to Online Payments
**Parent/Guardian Authorization and Agreement Section:**
(Please initial each one to show you accept each condition)

_____ 1) I acknowledge that Kalihi Union Church Preschool is a Christian preschool. I fully accept and consent for my child and family to be taught, counseled and held accountable to the theology and practices of the preschool.

_____ 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.**

____________________________________________________________________________
Mother Signature                        Date

____________________________________________________________________________
Father/Guardian Signature               Date