



Kalihi Union Church Preschool
2214 North King Street
Honolulu, HI. 96819
Phone: (808) 841-7022
www.kalihiunion.org

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

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*** Office Use Only***	
Application Rec'd	_____
App. Fee Paid	_____
Session #	_____
Start Date	_____

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: _____

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: _____

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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): _____

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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
 - 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**