



**Kalihi Union Church Preschool/Kindergarten**  
**2214 North King Street**  
**Honolulu, HI. 96819**  
**Phone: (808) 841-7022**  
**karen.maluo@kalihiunion.org**

Dear Parents:

Thank you for your interest in our preschool/Kindergarten. 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*

Mrs. Karen Maluo  
Director  
Kalihi Union Church Preschool/Kindergarten

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2214 North King Street Honolulu, HI. 96819  
(808) 841-7022  
www.kalihiunion.org

*** 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

**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/Kindergarten(KUCP/K) 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/K 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/K 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)
- \$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)
- \$500.00      Kindergarten      7:30am - 2:30pm
- \$150.00      Afterschool Care      2:30pm - 4:30pm

### **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. The following payment options are available:

- 1) Cash Payments
- 2) Check Payments – Make all checks payable to:
  - a. **Kalihi Union Church Preschool/Kindergarten**
  - 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/School 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/Kindergarten 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/School reserves the right to refuse administration of any medical prescriptions.

\_\_\_\_\_ 3) Should my child be accepted for enrollment at Kalihi Union Church Preschool/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 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/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 Union Church Preschool/School 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**