



Dear Families,

Thank you for your interest in Hawaii Kai Church Early Learning Center. Hawaii Kai Church Early Learning Center has been serving our community for over 50 years, and we remain committed to providing the highest quality of Christian Early Childhood education.

The mission of Hawaii Kai Church Early Learning Center (HKCELC) is to proclaim the love, grace, and forgiveness of Jesus Christ to the families and children of Hawaii Kai and its surrounding communities by providing a loving, learning environment where Biblical values are the guiding principles and the glory of God is its highest aim.

Attached is our General Registration Form. Please complete the form and return it to our office with a \$50 registration fee. Our office will contact you to confirm receipt and schedule a tour of our campus which is a requirement of all applicants. This is an opportunity for us to get to know your family as well as for you to learn more about our school's mission, philosophy and beliefs, as well as our heart for educating young children in a loving, Christian environment

If you do not have a home church, we invite you to join us at Hawaii Kai Church for Sunday morning services. Please contact our office for more information.

We look forward to serving you and your family in the upcoming years.

Char Sato, Director
Danielle Cunha, Assistant Director



General Registration Form

Hawaii Kai Church Early Learning Center
School Year: August _____ - July _____

Please complete both sides of this form and return with a \$50 non-refundable registration fee

Child's name _____ Preferred first name _____

Birth date ____/____/____ male____ female____ Enrollment time (circle one): 7-2:30 7-5:30

Child's address _____ City _____ Zip code _____

Child lives with ____ both parents ____ mother ____ father ____ other (please explain) _____

Father's name _____ Email _____ Phone _____

Father's address _____ Employer _____

Mother's name _____ Email _____ Phone _____

Mother's address _____ Employer _____

Legal guardian's name (if applicable) _____ Email _____

Legal guardian's address _____ Phone _____

Emergency Contacts (persons to call and release to when parent/guardian(s) are unavailable)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to child: _____ Relationship to child: _____

Emergency information:

Child's Doctor: _____ Address: _____

Phone: _____ Health insurance carrier _____ Member # _____

I understand every precaution will be taken for my child's safety, and I/we will not hold any official, teacher, director, administrator, or Hawaii Kai Church Early Learning Center/Hawaii Kai Church responsible in case of any accident. In the event that my child needs emergency care, and a parent or guardian is unable to be contacted, I give permission for Hawaii Kai Church Early Learning Center to contact my child's pediatrician listed above, and/or call an ambulance (911) and have my child transported to Kapiolani Medical Center for Women and Children, 1319 Punahou St. I understand that I will be responsible for all expenses related to such an emergency. A staff member will accompany the child if they are transported by ambulance.

Signature of Parent/guardian _____ Date _____

Confidential Form
Hawaii Kai Church Early Learning Center
School Year: August _____ - July _____

Please list child's documented food allergies (if any): _____

Any other allergies, special needs or concerns (if any): _____

I give Hawaii Kai Church Early Learning Center permission to post my child's allergies in the office, kitchen, and in his/her classroom.

Signature of Parent/guardian _____

Release Authorization: Hawaii Kai Church Early Learning Center may release my child to the following individuals (in addition to parents and emergency contacts):

| | |
|------------------------|------------------------|
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| Relationship to child: | Relationship to child: |

Getting to Know You:

| | |
|---------------------------------|-----------------------------------|
| Father's occupation: | Mother's occupation: |
| Father's religion: | Mother's religion: |
| Do you attend church regularly? | If yes, name of church attending: |

If applicable:

Who has legal custody of this child?
Who has physical custody of this child?
Living arrangements:

Parent agreements:

- Upon acceptance to Hawaii Kai Church Early Learning Center, I agree to the following:
1. To pay tuition in full on or before the 5th school day of the month via FACTS. I understand that there will be no refunds for temporary absences or illness. I understand that enrollment is based on a 12-month school year commitment (August-July). 30 days notice of withdrawal must be given or a full month's tuition will be collected upon notice of withdrawal. Withdrawals must be in accordance with our withdrawal policy.
 2. A 10% late charge will be added to the balance due for payments made after the grace period of the 5th of the month. Time changes will only be permitted, upon availability, on a full month basis.
 3. I hereby give permission to have my child attend all excursions.
 4. I hereby give permission to use my child's picture in the promotion of school/church related activities including newsletters, brochures and our website as well as special events such as end of year slideshow and Christmas program.
 5. I agree to keep the school informed of any changes regarding allergies, phone number, address, or living situation.

Signature of Parent/guardian _____ **Date** _____