



Dear Families,

Welcome to Hawaii Kai Church Early Learning Center's 'Ohana! We look forward to serving you and your family in the upcoming years. Hawaii Kai Church Early Learning Center (HKCELC) has been serving our community for over 40 years, and we remain committed to providing the highest quality of early childhood education. It is our desire to continually improve our service to you.

We are not just a business, however, we are a ministry of Hawaii Kai Church. Our church wants to serve you not only by providing the best in early childhood education, but also by being available to minister to your whole family. We invite you to come and worship with us on Sundays. We have two Sunday Services, Sunday school for all age groups, AWANA Clubs program, other ministries and small groups that meet throughout the week. Our church staff is available to help your family through counseling, prayer, and with any spiritual needs. Our members are people who love Jesus and desire to share His love with you and your family.

Again, we welcome you and look forward to a great school year together. May God bless you!

Char Sato, Director...and all the staff



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 first school day of the month. 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). 60 days notice of withdrawal must be given or a full month's tuition will be collected upon notice of withdrawal.
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. In addition, there is a \$15 time change fee for enrollment time changes. 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 an end of year slide show and in the promotion of school/church related activities.
5. I agree to keep the school informed of any changes regarding allergies, phone number, address, or living situation.

Signature of Parent/guardian _____ Date _____