



## Hawaii Kai Church EARLY LEARNING CENTER

*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, an AWANA Clubs program, other ministries and small groups that meet throughout the week. Our Pastor, Duane McDaniel, 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. Please visit our website and calendar at [www.hawaiiikaichurch.org](http://www.hawaiiikaichurch.org).*

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

*Kathleen McDaniel, Director...and all the Staff*

# SCHOOL TUITION RATES 2009-2010

Hawaii Kai Church Early Learning Center

## SCHOOL YEAR REGISTRATION FEE \$50.

Non-refundable; payable to HKCELC - submit with application.

## SCHOOL YEAR KEIKI SPIRIT PACK FEE \$200.

This fee includes excursions, school t-shirt, and student insurance.

Non-refundable; payable to HKCELC - submit with child's 'Acceptance Confirmation' form.

## SCHOOL YEAR TUITION:

Our school year runs from August until May (10 months). This period is split into 2 semesters: Aug - Dec & Jan - May. We offer a 5 day a week school with 3 convenient times. Our Summer Fun Program is separate during the months of June and July.

TIME – 5 days a week	MONTHLY	SEMESTER (1% discount)
8 am to Noon	\$550	\$2722.50
7am – 2:30pm	\$625	\$3093.75
7am – 5:30pm	\$750	\$3712.50

**All rates include lunch & snacks. Rates are based from Aug - May (10 months).**

**There is no proration of monthly tuition.**

**Tuition is payable on the first school day of each month.**

Families with a second child enrolled at the same time receive a 10% discount for the second child.

Example: 1st Child = \$550 per month or \$2722.50 per semester

2nd Child = \$495 per month or \$2475.00 per semester

Nutritious snacks and a lunch are served daily and are included in the tuition cost.

Menus are planned and regulated according to the USDA guidelines

### WITHDRAWAL

A withdrawing student is required to give TWO (2) WEEKS WRITTEN NOTICE of withdrawal, or full tuition charge will be made for the two weeks following the date of withdrawal.

### TIME CHANGES

There will be a \$15 charge for changes in enrollment times. Time and elective class changes will be permitted only on a whole month basis and on a SPACE AVAILABLE basis. There is no proration of monthly tuition.

### LATE PICKUP FEE

With a 24 hour notice, there will be a charge of \$3 every 15 minutes, or \$30 for the afternoon. Arrangements can be made 24 hours or more in advance for temporary changes of schedule with the Director, in which case you will be charged according to your regular tuition fee. If no notice is given, the charge for late pick up will be \$5.00 for each 15-minute increment or any fraction thereof beyond the registered time for pickup. For the 5:30pm pickup time, however, the charge is \$5.00 for each 5 minute increment or fraction thereof. All late charges are to be paid at the time they are incurred.

PLEASE KEEP THIS FORM FOR YOUR RECORDS

# REGISTRATION FORM 2009-2010

## Hawaii Kai Church Early Learning Center

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN WITH REGISTRATION FEE

5 DAYS A WEEK (MON-FRI) HOURS (CHECK ONE): 8-12  7-2:30  7-5:30

CHILD'S FULL NAME \_\_\_\_\_ Boy  Girl

BIRTH DATE \_\_\_/\_\_\_/\_\_\_ T-SHIRT SIZE: XS(2-4)  SM(6-8)  MED(10-12)  LG(14-16)

ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_ CELL \_\_\_\_\_

GUARDIAN (if different) \_\_\_\_\_ BUS. PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY** (person(s) to call when parent(s) are unavailable)

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOSPITAL \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group ID No \_\_\_\_\_

**DIRECTOR'S NOTES:** \_\_\_\_\_

**PARENT AGREEMENT:** I hereby register my child (their name) \_\_\_\_\_ in Hawaii Kai Church Early Learning Center's school program to begin in \_\_\_\_\_.

*Please initial of each of the following statements indicating you have read and understood them:*

**A. TUITION FEES:** I agree to pay the 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 also understand that in the event my child is unable to complete the contract enrollment, I am to give TWO WEEKS WRITTEN NOTICE of withdrawal or a full tuition charge will be made for the two weeks following the date of withdrawal. \_\_\_\_\_ **B. TIME CHANGES:** The first adjustment of your registered time will be free of charge. There will be a \$15 charge for second and subsequent changes. Time changes will be permitted only on a full month basis. There will be NO PRORATION OF MONTHLY TUITION. \_\_\_\_\_

**C. LATE PICK UP FEE:** Monthly tuition, elective payments, and fees are due on the first school day of each month and are considered delinquent if not received on or before that date. A service fee of 10% of the balance due will be charged on all late accounts. \_\_\_\_\_ **D. EXCURSIONS:** I hereby give permission to have my child go on all excursions. \_\_\_\_\_

**E. PHOTOGRAPHS:** I give my permission to use my child's picture(s) in an end of program slideshow and in the promotion of school/church-related activities. \_\_\_\_\_ **F. ACCIDENTS:** 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/Hawaii Kai Church Early Learning Center responsible in case of accident. In the event that my child needs medical attention and the school official is not able to contact me or the other parent/guardian, I give permission to take my child to the nearest medical facility and I will be responsible for all expenses. \_\_\_\_\_ **G. MEDICATIONS:** In keeping with Hawaii State Law, medication will be issued ONLY through parental permission. Indicate if you will permit Hawaii Kai Church Early Learning Center to administer Children's Tylenol: YES \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_

**SIGNATURE of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN WITH THE REGISTRATION FEE

# CONFIDENTIAL FORM 2009-2010

## Hawaii Kai Church Early Learning Center

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN WITH REGISTRATION FEE

Does child have any food allergies? \_\_\_\_\_

Other allergies, special instructions, or anything you would like us to know? \_\_\_\_\_

**HKCELC may also release my child to the following person(s)...**in addition to Mother, Father, Legal Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### FAMILY NOTES (Getting to know you):

Are Parents Married? \_\_\_\_\_ Divorced? \_\_\_\_\_ Child lives with \_\_\_\_\_

Child's Brother(s)/Sister(s) & Ages \_\_\_\_\_

Occupation: Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Religion: Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Church Attending \_\_\_\_\_

Family Home Email \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

I certify that all information on this form is true to the best of my knowledge and I realize that this form will be kept confidential by Hawaii Kai Church Early Learning Center. I/We, as Parent(s)/Guardian(s), agree to keep Hawaii Kai Church Early Learning Center updated with any change(s) regarding this form.

PRINT Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_