



***Thank you for downloading our registration packet!***

Our electronic registration packet is designed to streamline processing your entrance into our preschool.

**Pages 4 – 23**

These are forms that must be completed and submitted to us in order to start registering your child into our system. Some forms are specific to infants and toddlers only – these are Infant & Toddler History, Sleep Position Policy and Daily Schedule. Some your child’s physician will need to complete (DHS Forms 908 and 14).

**Pages 24 – 34**

These are important documents for you to read. During the registration process your Center Director will confirm acknowledgment of understanding of some of these documents. We have also placed our Aloha United Way pledge form if you wish to make a donation via AUW.

**Pages 35 – 64**

Our Parent Handbook is a requirement for reading. During the registration process your Center Director will confirm acknowledgment of understanding certain sections.

# **INSTRUCTIONS**

## **NEW TO OUR PRECHOOL**

If you are new to this preschool, please make sure to register first for our Inquiry List – you can electronically sign-up via our web page simply click the purple Inquiry List button to get started. You can complete your registration packet after the preschool has contacted you. They will be immediately notified once you have signed-up on our Inquiry List and contact you within 48 business hours.

## **RETURNING FAMILIES**

If you are already enrolled and are registering for the new school year (August 2015 – July 2016), complete the necessary forms and make sure to read all documents as some may have changed since you last read them. Once completed and signed, you have several ways to submit to us:

1. Print and submit **only the necessary forms** to your Center Director
2. Fax – please see next page for a listing of all our preschool fax numbers
3. Email – please see next page for a listing of all our preschool emails

Once we have received your registration packet, a staff member will confirm your registration by contacting you to set-up payment and any final details.

Mahalo for registering your child via our new electronic registration packet!

**IMPORTANT: Completing and submitting a registration packet does not guarantee your child an immediate spot.**

<b>Center</b>	<b>Email</b>	<b>Phone</b>	<b>Fax</b>
Aikahi	aikahi@kamaainakids.com	254-5402	254-8177
Alewa	alewa@kamaainakids.com	595-6634	595-6635
Calvary	calvary@kamaainakids.com	TBA	TBA
Enchanted Lake	elakes@kamaainakids.com	263-5554	261-7670
Ewa @ CFS	ewa@kamaainakids.com	681-1501	681-0377
Hawaii Kai	trinity@kamaainakids.com	394-6055	394-6056
Honolulu	honolulu@kamaainakids.com	599-2807	599-5752
Iroquois Point	iroquois1@kamaainakids.com	499-0030	499-0032
Kahului	kahului@kamaainakids.com	877-7256	873-8737
Kalaeloa	barberspoint@kamaainakids.com	682-8150	682-8160
Kaneohe	kaneohe@kamaainakids.com	247-0718	247-0728
Lahaina	lahaina@kamaainakids.com	667-0422	661-4817
Maili	maili@kamaainakids.com	682-8150	TBA
Mililani Tech Park	techpark@kamaainakids.com	623-1322	623-1175
Moanalua	moanalua@kamaainakids.com	422-9491	423-6727
Pearl City	pearlcity@kamaainakids.com	455-3330	454-1775
Piilani	piilani@kamaainakids.com	874-8844	875-7611
St. Mark's	stmarks@kamaainakids.com	734-6112	737-6925
St. Timothy's	st-stims@kamaainakids.com	484-7830	484-1913
Waipahu	waipahu@kamaainakids.com	677-3573	678-2513



Hawaii's Enrichment & Education Professionals  
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# REGISTRATION FORM

## Lahaina Preschool

Revised 06/19/15

Student Name (first, last) <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth	Start Date	Child Shirt Size <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> XS				
Sponsor Name (responsible for payment)		Employer	Work: Cell:					
Spouse Name		Employer	Work: Cell:					
Street Address		City	ST	Zip 96	Home Phone			
Sponsor Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian		Resides with <input type="checkbox"/> Sponsor <input type="checkbox"/> Other	M	T	W	Th	F	Sponsor ID/SSN
<input type="checkbox"/> Yes, please add me to your email list for ongoing childcare programs		Email Address: _____						
<input type="checkbox"/> Yes, I'd like to make a tax deductible donation to assist with preschool equipment, supplies, and scholarships!		<input type="checkbox"/> \$ _____ One-Time Donation		<input type="checkbox"/> \$ _____ Recurring Monthly Donation (cancel at any time)				

**DO NOT ENTER BELOW THIS LINE – OFFICE USE ONLY**

### Tuition

TOTAL

<input type="checkbox"/> Infant Half day (7-12 or 12-5:30)	\$700	_____	_____
<input type="checkbox"/> Infant MWF days	\$900	_____	_____
<input type="checkbox"/> Infant 7:00 – 5:30	\$950	_____	_____
<input type="checkbox"/> Toddler Half day (7-12 or 12-5:30)	\$650	_____	_____
<input type="checkbox"/> Toddler MWF days	\$850	_____	_____
<input type="checkbox"/> Toddler 7:00–5:30	\$900	_____	_____
<input type="checkbox"/> 2 Year Old Half day (7-12 or 12-5:30)	\$550	_____	_____
<input type="checkbox"/> 2 Year Old MWF Days	\$750	_____	_____
<input type="checkbox"/> 2 Year Old 7:00-5:30	\$800	_____	_____
<input type="checkbox"/> 3-5 Year Old 7:00-5:30	\$775	_____	_____
<input type="checkbox"/> 3-5 Year Old MWF Days	\$725	_____	_____
<input type="checkbox"/> 3-5 Year Old TTh Days	\$700	_____	_____
<input type="checkbox"/> Other:		_____	_____

Partial 1<sup>st</sup> Month Payment

_____	x	_____	=	_____
Daily Rate		1 <sup>st</sup> Month Days		1 <sup>st</sup> Month Pro Rate
		-Less Deposit		_____

**TOTAL DUE ON ENROLLMENT**

_____
-------

Cash  Card  Check

Check# \_\_\_\_\_

Initial Payment

### Discount

<input type="checkbox"/> Multi Family Member	_____	x	_____	=	_____
<input type="checkbox"/> Employee/Board Member	_____	x	_____	=	_____
<input type="checkbox"/> Other	_____	x	_____	=	_____
<b>(MINUS TOTAL DISCOUNTS)</b>			_____		_____

\_\_\_\_\_  
Sponsor/Parent/Guardian Signature

### Fee

<input type="checkbox"/> One-Time Registration Fee	\$25	_____	x	\$25	=	_____
<input type="checkbox"/> Annual Comprehensive Fee	\$192	_____	x	\$16	=	_____
<input type="checkbox"/> Installment Fee	\$10	_____	x	\$10	=	_____
<input type="checkbox"/> Program Change Fee	\$25	_____	x	\$25	=	_____
<b>TOTAL FEES</b>						_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

**Please consult your Parent Handbook for items to provide on or before your child's first day of school.**

**\*\*Admission Requirements, Page 6\*\***

*Duplicate*

**Mahalo for choosing Kama'aina Kids**

# Emergency Form 2015-2016



Preschool: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 05/15

Last Name: \_\_\_\_\_

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**Please Print**

## CHILD

Child's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Photo release denied  Allergies  Seizures Date of Birth: \_\_\_\_\_

## PARENTS/GUARDIANS

Father/Legal Guardian's Name

Mother/Legal Guardian's Name

\_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_ Work Place: \_\_\_\_\_

\_\_\_\_\_ Work Place: \_\_\_\_\_

\_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell/Pager: \_\_\_\_\_

\_\_\_\_\_ Cell/Pager: \_\_\_\_\_

\* If one parent is omitted, this MUST be explained on Personal History

Parental custody is legally restricted and appropriate legal documents have been submitted.

Highlight name of parent with restricted custody (refer to handbook pg. 7 for additional information)

## OTHER AUTHORIZED PICK-UP PEOPLE

If parents cannot be reached, you may call and release my child to:

Name	Relationship	Address	Phone #

**Under NO circumstances will a child be released to a non-authorized person.**

## MEDICAL INFORMATION

Child's Medical Characteristics (allergies, etc.): \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan #: \_\_\_\_\_

\* Verification of Health Coverage required prior to enrollment

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY RELEASE

I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as an emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama'aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to Kama'aina Kids Supervisor or staff-in-charge. I agree to be responsible for any emergency medical costs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Duplicate

# Parent Consent / Releases

Preschool Site: \_\_\_\_\_

Date: \_\_\_\_\_ Rev. 05/13



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## 1. EXCURSION PERMISSION:

My child/ren \_\_\_\_\_ has/have my permission to go on excursions away from the school grounds. I understand that Kama'aina Care, Inc. will maintain the highest possible safety standards, and I release the Center and any accompanying parents from responsibility or liability in case of accident.

*I understand that this is a "blanket" form for permission and that an "event specific" consent form will be required prior to all off-site events.*

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

\_\_\_\_\_  
Date

## 2. PHOTO AND/OR STORY RELEASE:

Because of the mutual benefits and for no pay or remuneration, I hereby authorize Kama'aina Kids to use my child's name, photo or video at any time and in any manner in connection with its advertising, publicity, and public relations. Multimedia may only be used by Kama'aina Kids. No further claims will be made by me.

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

\_\_\_\_\_  
Date

## 3. CONSENT TO TEST:

As part of our program, Kama'aina Care, Inc. routinely assesses and evaluates each child's development. Occasionally, testing is done by State Department of Health (DOH) specialists in cooperation with Kama'aina Care, Inc. to further define and evaluate developmental areas. If at any time your child is tested by an outside resource, you will be notified in advance and an additional signature will be required.

I hereby give consent to have my child tested by Kama'aina Care, Inc. and/or DOH staff in cooperation with Kama'aina Care, Inc.

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

\_\_\_\_\_  
Date

## 4. MEDICAL EXPENSES:

Payment of medical expenses incurred as a result of injuries sustained by a child does not constitute an admission of liability or waiver of any defense to claims of liability by Kama'aina Care, Inc. and it is hereby agreed by the undersigned that Kama'aina Care, Inc., reserves all its rights and defenses to any claim regarding or relating in any school-related injury.

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

\_\_\_\_\_  
Date

**\*\*Parent/Guardian signature for Item #4 is required as a condition of enrollment \*\***

*Duplicate*



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## Parent Policy Acknowledgement of Understanding

I have received a copy of the Kama'aina Kids Parent Handbook. The policies listed below, which are included in the Parent Handbook, have been reviewed in detail with me. I fully understand and will abide by these policies.

- |                                 |           |                          |           |
|---------------------------------|-----------|--------------------------|-----------|
| • Admission Requirements        | pg. 6     | • Sign In/Out Procedures | pg. 7     |
| • Authorized Adults for Pick-Up | pg. 7     | • Visitor Policy         | pg. 8     |
| • Transportation Policy         | pg. 11    | • Fundraising            | pg. 11    |
| • Updating Records              | pg. 13    | • Report Keeping         | Pg. 15    |
| • Sick Child/Health Policy      | pg. 16-21 | • Food Service           | pg. 23    |
| • Birthday Celebrations         | pg. 23    | • Tuition & Fee's        | pg. 25-27 |
| • Terminations                  | pg. 28    |                          |           |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 05/15

*Duplicate*



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| • Birthday Celebrations         | pg. 23    | • Tuition & Fee's        | pg. 25-27 |
| • Terminations                  | pg. 28    |                          |           |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 05/15

*Duplicate*

# Child's Personal History

Preschool Site: \_\_\_\_\_

Date: \_\_\_\_\_



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Please Print

## BASIC INFORMATION

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Drop-Off Time: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month/Day/Yr

Telephone (Hm): \_\_\_\_\_

Estimated Pick-Up Time \_\_\_\_\_

## PARENT INFORMATION

FATHER:  natural  step  adopted  foster

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Education: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

MOTHER:  natural  step  adopted  foster

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Education: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

Does either parent have legal restrictions to parental custody?  Yes  No

If yes, explain: \_\_\_\_\_

*\* Refer to Parent Handbook regarding restricting parental custody*

**Please enter the following information for the parent that was omitted on the Emergency Form.**

### Status of Non-Recorded Parent:

Paternity not declared at birth

Reflected on birth certificate, but never married

Other, please explain: \_\_\_\_\_

Has either parent been away from the child for an extended period of time?  Yes  No

If yes, who? \_\_\_\_\_ For how long? \_\_\_\_\_

(Optional) Cause of absence? \_\_\_\_\_

## CHILD'S HOME LIFE

Does the child live with his/her parent(s)?  Yes  No

If no, whom does the child live with? \_\_\_\_\_

How many homes/apartments has the child lived in since birth? \_\_\_\_\_

Are there now or have been any stresses in the home which may be affecting or may have affected your child?

Explain (divorce, new baby, recent move, death in the family, death of a pet, etc.)

What is the child's primary language? \_\_\_\_\_

What other languages, if any, are spoken in the home? \_\_\_\_\_

Names and ages of other children in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other individuals living in the home (relatives, friends):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



**CHILD'S PREVIOUS CARE EXPERIENCES**

Who has been caring for your child? \_\_\_\_\_

Child's preschool/group care experience:

School Name:	Dates Attended	Reason for leaving (optional)
_____	_____	_____
_____	_____	_____

**CHILD'S PLAY EXPERIENCES**

Does your child prefer to play:

- alone  
 w/sisters & brothers  
 w/same age playmates  
 w/older children  
 w/adults

Does your child have any imaginary playmates?  Yes  No

If yes, explain: \_\_\_\_\_

List your child's three favorite things to play with: \_\_\_\_\_

How much television does your child watch daily? \_\_\_\_\_

**CHILD'S MEDICAL/PHYSICAL HISTORY**

Medical characteristics (illnesses, allergies, etc.) \_\_\_\_\_

Has your child ever had a serious illness?  Yes  No      Major surgery?  Yes  No

If yes, please give dates & details: \_\_\_\_\_

Has your child ever had a serious accident?  Yes  No

If yes, please give dates & details: \_\_\_\_\_

Do you consider your child:  Coordinated  Uncoordinated

When is your child most hungry:  Breakfast  Lunch  Dinner

What word does your child use for: Urination: \_\_\_\_\_ Bowel Movement: \_\_\_\_\_

Does your child nap when not at school?  Yes  No      At what times? \_\_\_\_\_ For how long? \_\_\_\_\_

**OTHER**

Are there now or have there ever been any stresses in the home which may be affecting or may have affected your child? Explain (divorce, new baby, recent move, death in the family, death of a pet, etc.) \_\_\_\_\_

With the permission of the teacher, may your child call you at work?  Yes  No

Do you consider your child:  Easy to manage  Hard to manage

Child's strengths: \_\_\_\_\_

How do you support these strengths? \_\_\_\_\_

Child's weaknesses and/or problem areas: \_\_\_\_\_

How do you work on these? \_\_\_\_\_

What do you hope your child will gain from this preschool experience? \_\_\_\_\_

Additional information you feel we should know about your child: \_\_\_\_\_

# Infant/Toddler Developmental History



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Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Prenatal & Delivery Information

Pregnancy: Normal? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Labor & Delivery: Normal? Yes \_\_\_\_\_ No: \_\_\_\_\_  
Complications, if any: \_\_\_\_\_

## General Health

Is your child susceptible to: Colds: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Digestive Problems: \_\_\_\_\_ Explain: \_\_\_\_\_

## Developmental History

Child's weight at birth: \_\_\_\_\_ Present: \_\_\_\_\_  
Child's height at birth: \_\_\_\_\_ Present: \_\_\_\_\_  
Has your child's growth been consistent? \_\_\_\_\_  
Age your child held head up: \_\_\_\_\_ Rolled Over: \_\_\_\_\_  
Sat Up: \_\_\_\_\_ Stood: \_\_\_\_\_ Walked: \_\_\_\_\_  
Age your child began cooing: \_\_\_\_\_ Mimic sounds: \_\_\_\_\_  
First Words: \_\_\_\_\_ What were they? \_\_\_\_\_

## Eating Habits

Amount and Times  
Morning: \_\_\_\_\_  
Lunch: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Food likes and dislikes: \_\_\_\_\_

Food allergies and dietary restrictions: \_\_\_\_\_

Is/was your child breast-fed or bottle-fed? \_\_\_\_\_  
Any other information you think we ought to know about your child's eating habits?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Toilet Habits

Average number of bowel movements a day: \_\_\_\_\_  
Tends to get diarrhea? \_\_\_\_\_ Why? \_\_\_\_\_  
Tends to get constipated? \_\_\_\_\_ Why? \_\_\_\_\_  
Words your child uses for: Toilet: \_\_\_\_\_ Urination: \_\_\_\_\_  
Bowel Movement: \_\_\_\_\_

## **Sleeping Habits**

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Approximate time and length of naps: \_\_\_\_\_

Evening bedtime: \_\_\_\_\_

Special routine you use to help your child relax and go to sleep:

Any special circumstances that affect your child's sleep pattern:

*\*\* All children will be laid on their backs while in their cribs*

## **Behavior**

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How does your child react to noise, people, etc.?

Would you describe your child as active, moderate, or slow to warm up in his/her physical activity? \_\_\_\_\_

What works best to comfort your child when s/he is crying?

What are your child's most enjoyable activities to do at home?

With whom does your child play? (if siblings, list names and ages)

How can we help make the transition to the center easier for you and your child?

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# Enrollment Contract

Rev. 05/15



Hawaii's Enrichment & Education Professionals  
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**AGREEMENT:** In consideration of Kama,aina Care, Inc., hereinafter known as Kama,aina Kids, accepting and enrolling our (my) child \_\_\_\_\_

## 1. SIGNING THIS CONTRACT

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Before a child enters the Center, this contract and related forms must be signed by parent/s or guardian/s legally responsible for the child.

## 2. FEES

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The nonrefundable enrollment deposit will be credited to the first month's fees. If a child is enrolled on any other date than the first day of school of the month, the tuition for that month is the daily rate for the remainder of the month as established by the latest Kama,aina Kids fee schedule, but not to exceed the current monthly tuition as established by the latest Kama,aina Kids fee schedule. At least 30 days written notice will be given to families of any changes in the Kama,aina Kids fee schedule.

All tuitions are charged at a monthly rate, which is calculated based on the average number of school days per month during the school year. There are no vacation, sick or holiday fee scales.

## 3. TUITION PAYMENTS

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Upon enrolling, the Registration Fee, Annual Comprehensive Fee and the initial Tuition fees are due **prior to your child's entry date**. Thereafter, all tuition fees are due on or before the 1<sup>st</sup> of each month for that month's enrollment. Tuition not received on or before the 1<sup>st</sup> of the month will be assessed a late fee UNLESS you have prior written agreement with the Center Director for installments on your monthly tuition, IN WHICH CASE, you will be assessed an Installment Fee of \$10 per installment payment.

Monthly billing statements are NOT provided. Please save receipts or canceled checks for tax purposes.

Payments may be made by CHECK, MONEY ORDER, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS CARD or ELECTRONIC FUNDS TRANSFER at the preschool site. See your Center Director for information on cash payments.

- **All first-month tuitions must be made prior to enrollment.**
- Payments may be made with your VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS CARD or ELECTRONIC FUNDS TRANSFER DEPOSIT by completing the "Tuition Express" form included in your registration packet at the time of registration.
- Please include your child's name when making payments.

## 4. LATE PAYMENT/RETURNED CHECKS

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Tuition not paid by the 1<sup>st</sup> of the month is delinquent. Child's account will be assessed a \$30 late payment fee and child will be suspended or dropped from enrollment by Kama,aina Kids in accordance with its current procedure. Post-dated checks do not constitute timely payments. Accounts with returned checks will be assessed a \$25 fee. Returned checks will not be redeposited. The Center Director must receive a money order including the \$25 fee no later than three working days following notification of the returned check to ensure continued enrollment.

## 5. SUSPENSION

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A child may be suspended if tuition payment is not received by the due date. The child will not be admitted to school until the delinquent fees are paid. A child remaining on suspension for more than one week may be terminated. Repeated suspension constitutes grounds for termination. Parent(s)/Guardian(s) will be financially responsible for all unpaid tuition and fees up to the date of terminated enrollment. Kama,aina Kids may use any and all legal measures available to them to pursue all unpaid balances regarding my child's account.

**6. ATTENDANCE**

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There is no tuition reduction or refund for days missed due to vacation or for illnesses. In the event of an extended absence due to family emergency or illness, a payment adjustment may be arranged at the discretion of the Center Director.

**7. LATE PICK-UP CHARGE**

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**Oahu:** A fee of \$5 will be charged for the first 15 minutes late, for programs that end prior to 6pm. There will an additional fee of \$1 per minute as of the 16<sup>th</sup> minute.

A fee of \$5 will be charged for the first 5 minutes or any portion thereof and \$1 per minute thereafter for any program that ends at 6pm. An invoice will be issued and is due and payable with tuition payment. Repeated failure to pick-up on time can result in mandatory change to another program or in disenrollment.

**Piilani:** A fee of \$1 per minute late after 5:30pm.

**Lahaina and Kahului:** A fee of \$5 for the first 15 minutes late and \$1 per minute late thereafter for all programs.

**8. FUNDRAISING**

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Tuition for our preschools only covers a portion of the cost of providing a high quality service. We write grants, look to foundations and to our parents with help in fundraising efforts to try to keep our tuition stable. You have a choice of participating in the fundraising efforts at your child's school or giving the school a cash equivalent in the amount of the value of the particular fundraiser that is taking place. Your individual preschool director will have additional information available for you.

**9. VOLUNTARY WITHDRAWAL FROM PROGRAM/CHANGES**

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Four weeks written notice is required. Prepaid tuition will not be refunded unless proper notice has been given. Tuition is charged through the end of the four weeks regardless of whether or not the child will be in attendance.

**10. RULES AND REGULATIONS**

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Enrollment of your child indicates your agreement to abide by Kama,,aina Kids rules, regulations, and policies including, but not limited to those contained in this Contract, related registration forms, the Parent Handbook and the Operations Policies, available for your review in the Center Director's office.

**11. LIABILITY WAIVER**

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The undersigned hereby releases Kama,,aina Care, Inc., its employees, officers, board of directors, and agents from any and all claims, actions, disputes, lawsuits, or other liabilities of whatever kind or nature arising out of or relating to my (our) child's enrollment and/or activities at Kama,,aina Kids whether occurring on or off the premises, excluding willful or intentional acts by or on behalf of Kama,,aina Care, Inc., its employees, officers, board of directors and agents.

**WE (I) HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AGREE TO ABIDE BY THEM**

Father or Guardian: \_\_\_\_\_ Mother or Guardian: \_\_\_\_\_

Accepted for Kama,,aina Care, Inc. by: \_\_\_\_\_ Date: \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

<b>For Official Use Onl</b>
Date Received
Employee Signature



A service of





**Automated Payment Processing  
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Cardholder Signature Date

Check if you wish to make online payments

<b>For Official Use Onl</b>
<b>Date Received</b>
<b>Employee Signature</b>

A service of





Hawaii's Enrichment & Education Professionals  
A Non-Profit Organization

156C Hamakua Drive  
Kailua, Hawaii 96834  
262-4538 • Fax: 261-2051  
www.kamaainakids.com

## INFANT SLEEP POSITION POLICY

The American Public Health Association and the American Academy of Pediatrics have written guidelines for child care centers called *Caring for Our Children-National Health and Safety Performance Standards*. The following rules regarding infant sleep position shall be adhered to in accordance with these regulations:

- Non-mobile infants shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- If a blanket is used, the infant shall be placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head shall remain uncovered during sleep. (*Caring for Our Children, Standard FA 190A*)
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used. (*Caring for Our Children, Standard HP 006*)

I acknowledge that I have read and understand the Infant Sleep position Policy.

---

Child's Name

---

Date

---

Parent Signature

---

Print Name





# ***Daily Schedule for***

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Breakfast at: \_\_\_\_\_

Item and amount: \_\_\_\_\_

Snack at: \_\_\_\_\_

Item and amount: \_\_\_\_\_

Lunch at: \_\_\_\_\_

Item and amount: \_\_\_\_\_

Snack at: \_\_\_\_\_

Item and amount: \_\_\_\_\_

Dinner at: \_\_\_\_\_

Item and amount: \_\_\_\_\_

Nap times: \_\_\_\_\_

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This month's focus is:

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# **IMPORTANT NOTICE!**

By the ***FIRST DAY OF SCHOOL***, all new students to any public or private school in the State of Hawai'i must have the following:

1. Tuberculosis (TB) clearance  
(Current within 12 months' prior to enrollment)
2. A completed Student Health Record (Form 14) including a physical examination and all required immunizations OR a signed statement or appointment card from your child's doctor
3. A completed Health Record (Form 908) including signatures

Students missing any of these requirements will ***NOT*** be permitted to enter school on the first day.



## Early Childhood Pre-K Health Record Supplement\*

To Be Completed By The Physician				
1. Type Screening	2. Date Completed	3. Results	4. Recommendations/Follow up	
Head Circumference (up to 2yrs old)		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Hgb/Hct		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Lead		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
BMI (≥ 2 years old)		<input type="checkbox"/> Normal <input type="checkbox"/> Counsel		
Developmental Screening Tool: <input type="checkbox"/> PEDS <input type="checkbox"/> ASQ <input type="checkbox"/> Other _____		<input type="checkbox"/> No Concern <input type="checkbox"/> Concern		
5. Medical Conditions		6. Special Care Plan Needed	7. Recommendations	8. EC Provider Use Only
Allergies/Sensitivities <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Special Care Plan completed
Medications/Treatments <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Special Care Plan completed
Special Diet prescribed by physician <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Special Care Plan completed
Behavioral Issues/Social Emotional Concerns <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Special Care Plan completed
Medical Conditions/Related Surgeries <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Special Care Plan completed
9. Physician/NP/APRN/PA or Clinic Name, Address, Zip, Phone, Fax			11. I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood Provider	
			_____ Early Childhood Provider Name	
10. Physician/NP/ APRN/ PA or Clinic Signature (Signature or stamp)      Date			12. Parent/Guardian Name	
			_____ Date	
10. Physician/NP/ APRN/ PA or Clinic Signature (Signature or stamp)      Date			13. Parent/Guardian Signature      Date	

\*Supplement to the STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, Rev. 2010, RS 09-1051 (Rev. of RS 06-0698)

**Instructions for Completing the Early Childhood Pre-K Health Record Supplement**

**To Be Completed by the Physician (Please print)**

<p><b>1. Type of Screening:</b> Check all that apply.</p> <ul style="list-style-type: none"><li>• <b>Head Circumference, Hgb/Hct, Lead, BMI</b></li><li>• <b>Developmental Screening:</b> The screening tools listed are: <b>PEDS:</b> Parent's Evaluation of Developmental Status <b>ASQ:</b> Ages and Stages Questionnaire <b>Other:</b> Print the name of screening tool used.</li></ul> <p><b>2. Date Completed</b> Write the date <b>mm/dd/year</b> the screening was performed. i.e., 06/01/2006.</p> <p><b>3. Results</b> Mark (X) to indicate "<b>Normal</b>" or "<b>Abnormal</b>", "<b>No Concern</b>" or "<b>Concern</b>", "<b>Normal</b>" or "<b>Counsel</b>". If the box is marked abnormal, concern or counsel, please complete Box 4. Recommendations/Follow up.</p> <p><b>4. Recommendations/Follow up</b> Please complete if abnormal, concern or counsel is selected.</p> <p><b>5. Medical Conditions</b> Mark (X) "<b>None</b>" box for each item if the child has no <b>Allergies/Sensitivities, Medications/Treatments, Special Diet prescribed by physician, Behavioral Issues/Social Emotional Concerns, Medical Conditions/ Related Surgeries.</b> List type of medical condition, e.g., <b>Medical Condition/Related Surgeries List:</b> Asthma</p> <p><b>6. Special Care Plan Needed</b> If child has a medical condition and the Early Childhood Provider should develop a special care plan, mark (X) <b>Yes</b>, next to the appropriate category. If child does not need a special care plan, mark (X) <b>No</b>.</p>	<p><b>7. Recommendations</b> Write your recommendations, e.g., "Medications must be administered by the parent before or after school hours."</p> <p><b>8. Early Childhood Provider Use Only</b> This section is designated for the early childhood provider to complete if physician has marked (X) Yes in Box 6. Sample forms of the Special Care Plans can be requested from Department of Human Service (DHS) office, phone or downloaded from the Department of Human Service website.</p> <p><b>9. Physician/NP/APRN/PA or Clinic Name</b> Type or print legibly physician, nurse practitioner, advanced practiced registered nurse, physician assistant or clinic name, address, zip, phone, and fax.</p> <p><b>10. Physician/NP/ APRN/ PA, of Clinic (Signature or Stamp) and Date:</b> Physician, nurse practitioner, physician assistant must sign his/her name or stamp and write in the date of child's examination.</p> <p><b>11. "I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood provider."</b> The Early Childhood program is encouraged to type, print legibly, or stamp the program name here prior to parent signature.</p> <p><b>12. Parent/Guardian Name</b> Print the name of the Parent or Guardian</p> <p><b>13. Parent/Guardian Signature</b> The Parent or Guardian must sign his/her name and write the date signed.</p>
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# Department of Education STUDENT'S HEALTH RECORD

Student Address Label

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Female   
Male

Preschool: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Elementary: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Intermediate/Middle: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 High: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthdate 

Month	Day	Year					

Parent's Name \_\_\_\_\_ (Mother/Guardian) \_\_\_\_\_ (Father/Guardian)

Allergies: \_\_\_\_\_

Please complete the following sections (CHECK IF YES)

### MEDICAL STATUS

Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>
Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>	

### PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) <small>See Results Below</small>	Provider's Signature	Provider's Stamp or Printed Name		
						R.	L.	R.	L.																				
__ / __ / __																													
__ / __ / __																													

#### TUBERCULOSIS EXAMINATION MANTOUX TEST (INTRADERMAL)

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
__ / __ / __	__ / __ / __		
__ / __ / __	__ / __ / __		

#### CHEST X-RAY

Date	Results	Location

#### DENTAL EXAMINATION

Dental Check-Up	__ / __ / __
-----------------	--------------

#### IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)

Vaccine	Type	Dates Given (Month/Day/Year)							
	DTaP, DTP, DT, Tdap or Td	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Polio (IPV or OPV)	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Hib ( <i>Haemophilus influenzae</i> type b)	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Pneumococcal Conjugate	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Hepatitis B	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
MMR	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	Varicella	__ / __ / __	__ / __ / __
Hepatitis A	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __			
Other	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __			
Other	Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __			

\*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic \_\_\_\_\_



**Kama'aina Kids**

# Earn A \$50 Tuition Credit!

**Refer a new Family to a Kama'aina Kids Preschool!**

Various time schedules to meet everyone's needs



- ★ Full-Day, Half-Day, Part-Week Programs
- ★ Breakfast, Lunch and Snack served
- ★ Still in diapers? No Problem!
- ★ Each Center may vary



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## Referral Discount

Present this coupon to the Center Director and

**GET \$50 OFF YOUr PREschOOl TuITiOn!**

This coupon is valid when a family you refer enrolls and pays fees and first months tuition in full. Please contact the Center Director for more information. Coupon redeemable only through the Center Director.

**Valid Through 12/31/2015**

Coupon has no cash value • Restrictions apply



Hawaii's Enrichment & Education Professionals  
A Non-Profit Organization

Your Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Referred Family's Name \_\_\_\_\_

## Referral Discount

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Hawaii's Enrichment & Education Professionals  
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Your Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Referred Family's Name \_\_\_\_\_

# Description of Fees



Hawai'i's Enrichment & Education Professionals  
A Non-Profit Organization

**TUITION FEES** \*Please refer to Registration Form for current rates.

## PAYMENT OPTIONS

- 1. Monthly**  
Tuition fees are due on or before the 1<sup>st</sup> of each month for that month's enrollment.
- 2. One-Time**  
Tuition fees for the following 12-month period, paid prior to enrollment

## OTHER SCHOOL FEES

- 1. Annual Comprehensive Fee** ..... \$192  
This fee is due at registration and annually thereafter in the first month of the new school year.
- 2. Registration Fee** ..... \$25  
This fee is due upon registration. This fee is not subject to the discount for payment plans and is not refundable. This is a one-time fee due upon enrollment in our preschool system.
- 3. Late Pick-Up Fee** .....  
**Oahu:** A fee of \$5 will be charged for the first 15 minutes late for programs that end prior to 6pm. There will an additional fee of \$1 per minute as of the 16<sup>th</sup> minute.  
  
A fee of \$5 will be charged for the first 5 minutes late or any portion thereof and \$1 per minute late thereafter for any program that ends at 6pm. An invoice will be issued and is due and payable with tuition payment.  
  
**Maui:** A fee of \$1 per minute late.  
  
**Repeated failure to pick-up on time can result in mandatory change to another program or in disenrollment.**
- 4. Late Payment Fee** ..... \$30  
Tuition not received on or before the 1<sup>st</sup> of the month for that month's enrollment is considered delinquent. This fee will be assessed to the child's account.
- 5. Returned Check Fee** ..... \$25
- 6. Program Change Fee**..... \$25  
Charged for changes between programs in the same school. Charges only apply to program changes from a higher rate to a lower rate.
- 7. Tuition Installment Payment Fee** ..... \$10 each installment  
Optional tuition installment plan for tuition payment arrangements that do not follow our Monthly Tuition Guidelines per written contract with Center.
- 8. Child's T-shirt**..... \$7  
Optional item available for purchase.

## DISCOUNTS

- Multi-Family Member Discount**..... 10%  
When two children of the same family are enrolled in any Kama'aina Kids preschool, a 10% discount will be applied to the lesser of the two monthly tuitions, effective from the first month after the second child enters school. *This discount does not apply to Occasional Care Programs.*



# 2015-16 Preschool Holiday Schedule



Hawaii's Enrichment & Education Professionals  
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<b>2015</b>		
<b>September 7</b>	Monday	<b>Labor Day</b>
<b>October 2</b>	Friday	<b>Staff Training Day (Oahu only)</b>
<b>November 11</b>	Wednesday	<b>Veterans' Day</b>
<b>November 26</b>	Thursday	<b>Thanksgiving Day</b>
<b>November 27</b>	Friday	<b>Thanksgiving Holiday</b>
<b>December 24</b>	Thursday	<b>Abbreviated Schedule</b>
<b>December 25</b>	Friday	<b>Christmas Holiday</b>
<b>December 31</b>	Thursday	<b>Abbreviated Schedule</b>
<b>2016</b>		
<b>January 1</b>	Friday	<b>New Year's Holiday</b>
<b>January 18</b>	Monday	<b>Martin Luther King Day</b>
<b>March 4th</b>	Friday	<b>Staff Training Day (Maui only)</b> <i>Tentative</i>
<b>February 15</b>	Monday	<b>Presidents' Day</b>
<b>March 25</b>	Friday	<b>Prince Kuhio Day Observed &amp;</b>
		<b>Good Friday</b>
<b>May 30</b>	Monday	<b>Memorial Day</b>
<b>June 10</b>	Friday	<b>Kamehameha Day Observed</b>
<b>July 4</b>	Monday	<b>Independence Day</b>
<b>July 25 – July 29</b>	School Closure	<b>Annual Cleaning, etc.</b>

Note: No discount is given for holidays or other days when the school is scheduled to be closed. The tuition is calculated based on the average number of school days per month during the school year and divided into 12 equal monthly payments.

Revised 5/2015

# ***Building For the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups):
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating**

### **Facilities**

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

### **Eligibility**

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

### **Contact**

### **Information**

If you have questions about CACFP, please contact you State Agency or sponsoring organization.



USDA is an equal opportunity provider and employer

English Version

## The Creative Curriculum ®



- ***The Creative Curriculum* ®** is built on the philosophy that young children learn best by doing. It is built upon theories of development in young children, that all children learn through active exploration of their environment and therefore the environment plays a critical role in learning. The goal of ***The Creative Curriculum* ®** is to help children become independent, self-confident, inquisitive and enthusiastic learners by actively exploring their environment. The curriculum also helps the teacher to take a closer look at each child's unique abilities, interests and needs.
- ***The Creative Curriculum* ®** approach balances both teacher-directed and child-initiated learning with an emphasis on responding to children's learning styles and building on their strengths and interests. It provides clear guidance on the teacher's role in addressing content in **literacy, math, science, social studies, the arts, and technology**, yet never loses sight of the primary importance of social/emotional development in children's learning.
- ***The Creative Curriculum* ®** identifies goals in all areas of development: **Social/Emotional, Cognitive, Physical and Language**. The planned activities for the children, the organization of the environment, the selection of toys and materials, planning the daily schedule and interacting with the children, are all designed to accomplish the goals and objectives of the curriculum and give each child a successful year in school.
- ***The Creative Curriculum* ®** shows teachers how to integrate learning in literacy, math, science, social studies, the arts, and technology throughout the day. It also gives the teacher a wide range of teaching strategies to best respond to children's learning styles, strengths, and interests.
- ***The Creative Curriculum* ®** encourages parental involvement and works best when teachers and parents work together. The curriculum offers tools for parents to understand, assess, and support their child's development, as well as connect with teachers and other individuals important in their child's development.

YOU CAN HELP US WHEN YOU GIVE TO:

- **ALOHA UNITED WAY**  
Designate #70870
- **COMBINED FEDERAL CAMPAIGN**  
Designate #46970

PLEASE DESIGNATE



Hawai'i's Enrichment & Education Professionals  
*A Non-Profit Organization*

WHEN YOU PLEDGE.

FRIENDS AND RELATIVES CAN HELP TOO.

**MAHALO!!**



Hawaii's Enrichment & Education Professionals  
A Non-Profit Organization

156C Hamakua Drive  
Kailua, Hawaii 96834  
262-4538 • Fax: 261-2051  
www.kamaainakids.com

Aloha,

We are pleased to announce that Kama'aina Kids is a member of Aloha United Way. We now may participate in and receive donations specifically designated for Kama'aina Kids from AUW. **We need your help and support.**

You too can support Kama'aina Kids by agreeing to set aside a part of your monthly pay during your employers annual AUW drive and designate it to go toward Kama'aina Kids. With this money we support scholarships for preschool and school age children, as well as contribute to the general fund for capital improvements, renovations and equipment.

We are asking that you take the time to fill out the attached form and send it in to our corporate office, fill out the form at your place of work or fill out the form and send in a donation. Every little bit counts.

Our company designation number is **70870**. Please take the time to fill out the attached form, return it, and donate so that we can provide even more opportunities for the Keiki of Hawaii.

Thank you for your continued support of Kama'aina Kids and the impact made by your commitment to our company.

In Service to Children,

Buffy Owens  
Vice President

# 2015 ALOHA UNITED WAY PLEDGE FORM MAHALO for making a difference in our community!

200 N. Vineyard Boulevard, Suite 700 • Honolulu, Hawaii 96817-3952 • (808) 536-1951 • auw.org



## MY INFORMATION The "My Information" Section must be completed by the donor to process the gift.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Suffix (Jr., Sr.) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

SPOUSE/PARTNER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PREFERRED PHONE \_\_\_\_\_ PREFERRED EMAIL \_\_\_\_\_  
 HOME  WORK  CELL

COMPANY NAME \_\_\_\_\_

- I want my gift to remain anonymous in all recognition materials.
- I wish to be listed in recognition materials as follows: \_\_\_\_\_
- I would like information about Aloha United Way's Legacy Giving program.
- I have included Aloha United Way in my will/estate plan.

Age:  18-35  36-45  46-55  56+ (Optional - Please help us know you better)  
**OUR PRIVACY PLEDGE TO YOU:** Aloha United Way respects the privacy of its contributors and does not rent, trade or sell its contact information. Your information is used only to properly credit your contribution and to communicate about Aloha United Way and related program information. Mahalo for your support!

## GIVING OPTIONS

**EASY PAYROLL DEDUCTION**  \$100  \$50  \$25  \$10  \$5  Other \$ \_\_\_\_\_  
# \_\_\_\_\_ Pay Periods (# of deductions) = My Total Annual Gift \$ \_\_\_\_\_ Payroll deduction begins January 2016.

**DIRECT GIFT OF \$ \_\_\_\_\_**  
 **Cash**  
 **Check # \_\_\_\_\_** (attached) Checks cashed upon receipt. Check payable to Aloha United Way.  
 **Credit Card** Total Gift \$ \_\_\_\_\_ (VISA / MasterCard / AmEx) Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
In lieu of completing this form, you can make your donation online at [auw.org/donate](http://auw.org/donate) for immediate processing.

**AUTOMATIC TRANSFER** Total Annual Gift \$ \_\_\_\_\_  
Debit Amount \$ \_\_\_\_\_ monthly from my checking account beginning \_\_\_\_\_ 15, 2016 or on the next business day. (Attach voided check.)

**BILL ME** (\$48 minimum) for a total gift of \$ \_\_\_\_\_  Monthly  Quarterly Beginning \_\_\_\_/\_\_\_\_  One Time \_\_\_\_/\_\_\_\_

## INVEST MY GIFT

### 1. ALOHA UNITED WAY COMMUNITY CARE FUND (80100)

The best way to help our whole community. Your unrestricted gift provides help where it is needed most. \$ \_\_\_\_\_

### 2. COMMUNITY NEEDS

**EDUCATION** (80113)  
\$ \_\_\_\_\_


Ensure our keiki are ready to succeed in kindergarten and increase high school graduation rates.

**POVERTY PREVENTION** (80114)  
\$ \_\_\_\_\_

Reduce homelessness, especially among families with children and help families build assets and become financially secure.

**SAFETY NET** (80105)  
\$ \_\_\_\_\_

Provide services to those in our community experiencing crisis or emergencies.

\_\_\_\_\_  
Date: \_\_\_\_\_  
 **SIGNATURE REQUIRED**  
(No goods or services of more than nominal value given in return for this contribution.)

**Original Signature Required.**  
**NO PHOTOCOPIES OF SIGNATURES ACCEPTED.**  
Contact Aloha United Way at 536-1951  
for additional forms or visit our website at [auw.org](http://auw.org).  
AUW - Original • COORDINATOR - Please make copies for your records.

## OPTIONAL DONOR CHOICE

Together with you, building a stronger, safer Oahu. When you give to Aloha United Way, you are investing in what you care about most—our families, our neighborhoods, our keiki. And because we ONLY invest in programs that are accountable and deliver results, together we are making strides towards significant change in our community.

### NEIGHBOR ISLAND CARE (\$48 MINIMUM PER ISLAND)

Aloha United Way (80000) \$ \_\_\_\_\_  
 Friendly Isle United Fund (Molokai) (70580) \$ \_\_\_\_\_  
 Hawaii Island United Way (70560) \$ \_\_\_\_\_  
 Kauai United Way (70550) \$ \_\_\_\_\_  
 Maui United Way (70570) \$ \_\_\_\_\_

### ALOHA UNITED WAY PROGRAMS

211 Information and Referral Service (80106) \$ \_\_\_\_\_  
 Get Connected (80107) \$ \_\_\_\_\_

### AGENCY/PROGRAM SUPPORT (\$48 MINIMUM PER CHOICE)

My gift is designated to one or more specific agencies or programs.

For list of codes, visit [auw.org/donor-choice](http://auw.org/donor-choice).

Code #      \$ \_\_\_\_\_  
 Code #      \$ \_\_\_\_\_  
 Code #      \$ \_\_\_\_\_  
 Code #      \$ \_\_\_\_\_

### TOTAL GIFT(S) DESIGNATED

\$

(Must not exceed total pledge. Your 2015 payment will be distributed in 2016.)

## GIVING SOCIETIES

### IN A GIVING COMMUNITY

(Check the box if you have donated the noted amount and want to be a part of this program.)

- Women United: \$500 or more
- Tocqueville Society: \$10,000 or more
- Emerging Tocqueville Society: \$5,000-\$9,999
- Leadership Giving Society: \$1,000 to \$4,999
- Society of Young Leaders (21-45 years old): \$120 or more
- Dollar-A-Day Club: \$365/year

### TOCQUEVILLE SOCIETY

Comprised of community leaders who believe in investing in ways to change lives and build a stronger community through leadership gifts of \$10,000 or more.

### EMERGING TOCQUEVILLE SOCIETY

Honors individuals committed to the spirit of caring through leadership gifts of \$5,000 or more.

### LEADERSHIP GIVING

Create lasting change in the community. With a \$1,000 annual gift or more, you will be part of a select group of individuals who make a profound difference, set a standard for caring and create opportunities that foster change and a better life for all.

### SOCIETY OF YOUNG LEADERS

Motivating young professionals through community involvement, philanthropy and volunteerism.

### DOLLAR A DAY CLUB

Join our \$1 a day club to make a difference in someone's life.

## GIVING GUIDE

26 Payments	24 Payments	12 Payments	Total Annual Gift Amount
\$10.00	\$10.84	\$21.67	\$260.00
\$14.04	\$15.21	\$30.42	\$365.00
\$25.00	\$27.09	\$54.17	\$650.00
\$50.00	\$54.17	\$108.34	\$1,300.00
\$100.00	\$108.34	\$216.67	\$2,600.00
\$250.00	\$270.84	\$541.67	\$6,500.00
\$500.00	\$541.67	\$1,083.34	\$13,000.00

*Consider Dollar A Day Club*

Giving is a personal decision and is voluntary. The Giving Guide may be used as a guideline. Whatever amount you choose to give, Thank You.

### YOUR GIFT MATTERS

\$10 per month will pay for 300 meals for low-income seniors and families over the course of a year.

\$50 per month will ensure 3 individuals who are homeless and without medical insurance receive comprehensive medical, dental, and behavioral health services.

\$250 per month will provide early childhood learning experiences for one child from a lower income family over the course of a year.

# **Kama`āina Kids**

In order to provide a smoother transition for the children from home to the center, we would like to request that your child arrive having their first feeding and diaper change. With the children's basic needs being met, the teacher will be able to focus on helping the children transition into the classroom and dealing with the separation anxiety that often takes place. Please know that when children are crying, teachers will evaluate and prioritize needs and attend to the children promptly.

The following list indicates items your child will need at the center. Please bring them on the day your child starts. All of these are very important and will be kept at the center at all times. Please remember to return or replace clothing items that have gone home. Please label **EVERYTHING** that you bring in for your child.

## **Infants need:**

1. Disposable diapers and wipes
2. Prepared daily formula in bottles
3. Cereal and baby food (please provide sufficient amount of bottles – check with staff for suggested amount)
4. At least two (2) full sets of extra clothes to stay at the center
5. Two (2) crib sheets
6. Two (2) lightweight blankets

## **Optional items:**

1. Burp clothes
2. Bibs
3. Pacifiers
4. Teething toys
5. Back-up formula

Baby food that is bought into the center should be limited to a two-week supply and diapers limited to two bags at a time.

Any feeding equipment that you want sterilized needs to be done at home. Our classrooms are not properly equipped to sterilize infant feeding equipment.

Please refer to your Parent Handbook in regard to administering medicine to children while in our care.

All items should be clearly labeled with your child's name. Please help us with this by labeling all bottles and bottle caps, blankets, sheets and extra clothes.

Thank you,

Centers' Infant Staff



## INFANT/TODDLER PROGRAM DESCRIPTION

Our Center offers programs for children ranging in age from 6 weeks through 6 years. We offer classrooms for infants and toddlers, young two's, preschool age children and older preschoolers. Each of these programs gives the children the opportunities to learn through play within a developmentally appropriate environment and curriculum. The classrooms and outdoor play opportunities for each program have been carefully designed to offer safe yet challenging opportunities for active learning.

### *Infant/Toddler Program*

The goal of our Infant/Toddler Program is to provide an environment of trust and respect where children can comfortably explore themselves and the things around them. To do this we concentrate on sensitive caregiving practices, which facilitate the development of each child's social, intellectual, psychological, and physical capabilities. The center is seen as a support system for parents/guardians, and close relationships between parents/guardians and caregivers are highly valued.

A large part of planning for infants and toddlers must take their particular needs into consideration. Providing each infant and toddler with a primary caregiver provides the child with an important adult who offers loving attention and individualized care surrounding napping, feeding and diapering. This special relationship cultivates the baby's sense of stability, awareness and self-esteem. The daily schedule in our Infant/Toddler Program is particularly fluid and adapts to the individual needs of the children for napping, feeding, exploration and adult interaction. Caregivers observe the children and discuss their typical patterns with parents/guardians in building a solid partnership and understanding of the child's particular daily habits.

Infants and toddlers are provided with opportunities to see, hear, feel and explore their environments as freely as possible. We offer multi-sensorial experiences throughout each day, including opportunities to experience sand, water, a variety of hand held and mouthable manipulatives, fresh air, music and song, and various surfaces to touch and crawl over: simple things that enrich young children's learning experiences. As children get older we introduce them to simple items for dramatic play, block building, push and pull toys, and some art materials.

Social and cognitive learning comes out of simple daily routines such as feeding and diapering. As an example, feeding an infant is more than a custodial task. Holding the child in one's lap and giving him one's full and focused attention while feeding a bottle gives the child a sense of security and contentment that is vital to their development. Children are given opportunities to feed themselves as soon as they are physically able. This type of feeding usually results in a clean-up job for the adults, but the benefit to the child and their sense of accomplishment is immeasurable. At the core we look for children's activity, and we treat them as active participants rather than as passive recipients in all caregiving routines.

We emphasize the infants' need to experience freedom of movement and freedom of choice in a completely safe environment. Within the scope of this approach, caregivers are sufficiently responsive so that children learn to exercise some control over the social and physical environment. Caregivers monitor the environment for the appropriate degree of stimulation and order. As needed, caregivers set limits to help children gain control and learn the type of behavior that will help them be successful.

## Infant/Toddler Program Daily Schedule

For younger infants, the caregivers follow the schedule set by the individual child. For the young and mobile infant, it is important to allow the child to express their needs to a caregiver rather than a caregiver imposing a specific schedule. As the mobile infant moves into toddler hood, they begin to self-regulate and tend to follow the schedule noted below:

7:30am	Arrival Time
8:15am	Indoor exploration of materials
9:00am	Group clean-up and Snack
9:45am	Indoor/Outdoor flow – variety of sensory locomotion, balance activities, art, sand and water play
11:00am	Group clean-up and Lunch time
11:45am	Quiet Activities – Reading and Music
12:15pm	Naptime
2:15pm	Children begin waking
2:30am	Indoor/Outdoor flow – variety of sensory locomotion, balance activities, art, sand and water play
4:45pm	Group clean-up and then Books/Bottles
5:30pm	Departure

Times are approximate within the schedule. The routine will remain the same, but times may vary based on individual and group needs.

**2015-2016**



Hawai'i's Enrichment & Education Professionals  
A Non-Profit Organization

# **Preschool Parent Handbook**

On Oahu: 262-4538 • Toll Free: 1-(888) 345-4374  
Online at [www.KamaainaKids.com](http://www.KamaainaKids.com) • Email: [preschool@kamaainakids.com](mailto:preschool@kamaainakids.com)

# **WELCOME**

Dear Parents:

Starting preschool is an exciting time for you and your child. I want to personally welcome you and your family and thank you for choosing a Kama,,aina Kids preschool for your child.

Kama,,aina Care, Inc., known as Kama,,aina Kids, was started in 1987 with 45 children in a summer program and a vision to provide high quality child care with a variety of activities in which children would have choices. Within a few short years, we were able to expand our services through the A+ After School Program, Before School Programs, Day Camps, Holiday Care, Swimming & Gymnastics programs.

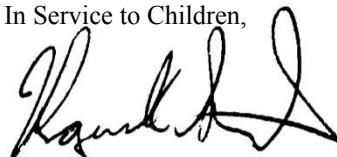
Our Preschool Division, which now includes 22 preschools, serves over 1,500 families. In 1994, Kama,,aina Kids took over the management of Camp Timberline, adding a retreat center and environmental education program to our broad range of services. Growing from 45 children in 1987 to now serving over 9,000 children and families daily has made Kama,,aina Kids a leading nonprofit private child care provider on O,,ahu.

Our company is designed to meet your every child care need. As your child grows, Kama,,aina Kids will continue to provide an array of exciting and fun programs throughout the year building your child's sense of self, community and environment.

This Handbook and related registration packet forms contain important information giving you a clear understanding of what you can expect from us and what we will expect from you. Please carefully review all materials and contact your Center Director with any questions. The folder is a convenient place to keep all your important forms.

We sincerely hope your experience with Kama,,aina Kids will be a long-term, positive relationship, giving you and your child opportunities to grow and learn. Welcome to our Ohana.

In Service to Children,



Ray Sanborn  
President

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# Preschool Capacity Information

Center	Hours of Operation	Capacity
Aikahi	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to 5 years (89)</li> </ul>
Alewa	Infants: 6am-5:30pm Todd./ Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 36 months (26)</li> <li>• 2-5 years (36)</li> </ul>
Enchanted Lake	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 12 months to 36 months (8)</li> <li>• 2-5 years (80)</li> </ul>
Ewa @ CFS	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 24 months (30)</li> <li>• 2-5 years (72)</li> </ul>
Hawaii Kai	Infants: 7:30am-5:30pm Todd./Presch.: 6:30am-5:30pm	<ul style="list-style-type: none"> <li>• 6 weeks to 24 months (12)</li> <li>• 2-5 years (38)</li> </ul>
Honolulu	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 12 months to under 24 months (12)</li> <li>• 2 to under 12 years (107)</li> </ul>
Iroquois Point	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 37 months (10)</li> <li>• 2-5 years (21)</li> </ul>
Kahului	Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> <li>• 12 months to under 40 months (6)</li> <li>• 2-6 years (49)</li> </ul>
Kalaeloa	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 36 months (37)</li> <li>• 2-5 years (45)</li> </ul>
Kaneohe	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 12 months to under 36 months (10)</li> <li>• 2-5 years (45)</li> </ul>
Lahaina	Infants: 7am-5:30pm Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 37 months (28)</li> <li>• 2-5 years (48)</li> </ul>
Maili	Infants: 7am-5:30pm Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 37 months</li> <li>• 2-3 years</li> </ul>
Mililani Tech Park	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 10 months to 5 years (145)</li> </ul>
Moanalua	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 2-5 years (89)</li> </ul>
Pearl City	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 24 months (18)</li> <li>• 2-5 years (60)</li> </ul>
Piilani	Infants: 7am-5:30pm Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 24 months (14)</li> <li>• 2-5 years (68)</li> </ul>
St. Mark's	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to-24 months (8)</li> <li>• 2-5 years (103)</li> </ul>
St. Timothy's	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 6 weeks to under 24 months (20)</li> <li>• 2-5 years (88)</li> </ul>
Waipahu	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> <li>• 12 months to 24 months (10)</li> <li>• 2-5 years (65)</li> </ul>

**Please keep the below information for tax purposes**

**Federal ID: 99-0261935**

**State ID: W20399348-01**

# **Important Program Information**

## **Our Mission**

Our mission is to serve children and their families by providing ongoing education and enrichment programs to help build a child's sense of self, community and environment.

## **Program Goals**

- To help children develop into caring creative thinking individuals who are concerned about others and the world around them
- To help children develop a positive self-image a foundation of which social and academic success is built
- To develop self-help skills in children
- To prepare every child to enter elementary school ready to succeed.

## **Curriculum**

Our curriculum focuses equally on four major areas of a child's development: social, emotional, physical, and cognitive (thinking process). We design activities to meet each child's needs, abilities and interests. We follow Teaching Strategies Creative Curriculum\* and for our four-year-old classrooms, we use the Hawaii Preschool Content Standards as a guide to curriculum planning to support and promote school readiness.

Learning Centers offer guided experiences that encompass all the skills and understanding necessary for optimum development and success in school. The Learning Centers include: Language/ Library, Construction/Blocks, Science/Nature, Art/Creative Expression, Music/Movement, Sensory, Outdoor Learning and Math/Manipulatives.

We want children in our care to develop their curiosity and confidence in themselves as learners. We want them to learn tolerance for those with views different than their own. Our goal is to provide a safe, nurturing environment that supports the "whole" child's needs while being sensitive to the needs and preferences of the families.

*\*See Creative Curriculum Handout in Registration Packet*

## **Staff**

Our staff are the heart of the quality care we offer your children; they're carefully selected for their caring attitude towards your keiki and are required to continually upgrade their skills through workshops and other professional growth opportunities.

All our Centers are Hawai'i-licensed whose staff meet or exceed all state licensing educational requirements. For teachers, this may include a Child Development Associate credential or a two or four year degree. All Kama'aina Kids employees are First Aid certified and undergo criminal history checks.

# **Important Program Information**

## **Operations**

**Oahu Sites:** 5 days a week, Monday through Friday from 6:00am to 6:00 pm. Various schedules are also available, check with your Center Director.

**Maui Sites:** Kahului, Lahaina and Pi,ilani hours are from 7:00am to 5:30pm.

## **Operational Policies**

Parents will be notified within 4 weeks for Infant/Toddler and 30 days\*\* notice for all others when changes are made to any operational policy, including but not limited to, tuition increases, and school closures (not emergency based).

## **Philosophy**

Kama,,aina Kids Preschool philosophy and goals are built around the physical, emotional, social and cognitive needs of the children.

## **We believe that:**

### *Children*

- need to be allowed a childhood with time to grow and learn
- learn best by participation and involvement
- have the right to explore, accomplish, and make mistakes
- have the willingness and capacity to learn
- need opportunities for healthy interaction with each other

### *Staff*

- influence children's attitudes about themselves, others and school
- are the determining factor in quality program
- maintain their skills through training and experience

### *Parents*

- are partners in their child's care
- desire the best for their children
- deserve our appreciation and respect for allowing us into the lives of their children

Parents & Staff working together as a team provides the optimal learning environment for children.



# **Admission Requirements**

## **Before Your Child Starts**

Adjusting to school is a gradual process. Much is new and unfamiliar: the building, teachers, other children, routines, food and daily rest time. We ask that parents and children visit the Center several times before your child's first day of school. This gives you both a chance to meet staff and become familiar with the group.

Please call the Center before you drop by to be sure child's group is on-site that day. We want to do everything possible to help make your child's transition as smooth as possible.

## **TB Clearance and Health Form**

The state requires you to turn in your child's TB skin test and Health Form 14 (showing Physical and Immunization records) and 908 Form results *before your child can be admitted to our facility.*

## **School Supplies Families Need to Provide:**

- 1) Change of clothes, labeled, in a plastic bag
- 2) Labeled blanket or sheet for rest time
- 3) Diapers and wipes if needed
- 4) Family Photo

**Note:** Art and classroom materials are provided by the Center.

## **Health Insurance**

Kama,aina Kids requires that every child be covered under a current medical plan before enrollment. You must maintain coverage for the duration of your child's enrollment in our program. Failure to do so will result in termination from the program. Your child's medical plan information, doctor's name and a copy of their medical insurance card or other proof of insurance must be provided on the Emergency Form prior to enrollment.

## **DHS Tuition Assistance**

Families receiving DHS tuition assistance are required to complete paperwork for direct deposit of payment to Kama,aina Kids. Payment of any portion of tuition that is the parents' responsibility is due on or before the 1<sup>st</sup> of the month.

# **School Procedures**

## **Sign-In/Out Procedure**

To ensure the safety and accuracy of your child's enrollment, we require you to use our computerized sign-in and sign-out system, as well as signing your child in and out of the classroom. The Center assumes responsibility for your child after they have been signed in by a parent or guardian and retains responsibility until the child is signed out by a parent, guardian, or designated representative of the child's parents or guardians.

For your child's safety, when signing your child in and out, be sure to let the staff person responsible for your child's group know you are either dropping off or picking up your child. Be sure to notify staff if some other authorized person will be picking up your child that day.

Unfamiliar persons will be asked to show a picture ID that will be checked against your authorized pick-up list. Please be prepared to present your ID to our staff the first few days of enrollment and/or when new staff are present.

## **Authorized Adults for Drop-Off and Pick-Up**

Adults or teenager 16 years or older, who are authorized by you, may sign your child in and out of school.

To make changes in your list of those authorized to pick up your child, (which you gave the Center at the time of enrollment), you must give our staff written notification in advance. ***The state requires the person's name, relation to child, address, and home phone number.***

Only the parents with primary custody may make last minute emergency authorizations and the following procedures must be followed:

- Parent with primary custody calls the Center, identifying self by providing name and Social Security number or password
- Parent then provides Center with the name, relationship to child and phone number of the person authorized for the emergency pick-up
- Parent informs authorized person to be prepared to present picture ID
- Phone authorizations may be made in emergencies only
- Parent should then add this person to the authorized list the next day

For the safety and well-being of all the children in our care, we will only release your child to those that you have placed on your authorized pick up list as well as the parents/guardians listed. Restrictions beyond those listed, changes in daily pickup beyond what is listed and disagreements between custodial parents cannot be handled by us. Please allow your lawyers and/or HPD to assist you.

# **School Procedures**

## **Failure to Pick Up Child**

Should your child remain at the Center after closing time, Kama,aina Kids staff will make every effort to contact you and/ or all other authorized pick-up people as listed on your Emergency Form to verify that an authorized person is able to reach the Center to pick-up your child within the hour. We cannot allow any “other authorized pick-up” person to authorize a third party to pick up your child.

As of one hour after closing, if we are unable to confirm that an authorized person is on the way to the Center to pick-up your child, we will report your child as an “Abandoned Child” to the Honolulu Police Department (HPD). They may check with local hospitals and police units to determine whether you’ve had an accident. The HPD may take your child into protective custody, if necessary, until your status can be confirmed.

For any reason other than a medical emergency or crisis, you will be billed for any related late pick-up fee.

## **Restricting Parental Custody of Child**

Kama,aina Kids staff will not restrict parental custody or visitation rights to the child without a certified court order.

In the case of a Temporary Restraining Order, custody may be withheld only for the duration and per specifications of the order. A copy of these documents needs to be in your child’s file.

If either parent’s condition at the time of pick-up clearly poses a threat to the child (parent is clearly under the influence of drugs/alcohol and normal function is impaired) the child will not be released to the parent. Staff will attempt to contact alternate authorized persons and may, ultimately, contact the authorities.

## **Visitor Policy**

We welcome parents to come and visit their child’s Center during the course of the school year. Below outlines our policy regarding other visitors:

- Visitors are defined as anyone other than a parent/legal guardian or listed on the child’s Emergency Form
- All visitor’s must sign-in and sign-out at the office
- Call the Center to schedule a visit indicating the date/s and time/s
- Visitors are recommended to stay no more than an hour in order to prevent disruption to the class and Center
- Visitor’s coming to see a child, who are not parents/legal guardians or listed on the child’s Emergency Form (social workers, therapists, etc)

# ***School Procedures***

are allowed ONLY BY WRITTEN AUTHORIZATION from a parent or legal guardian. Authorization must have the name of the guest visitor, list the exact dates and times the guest will be on-site, and the duration.

# ***General Program Policies***

## **Non-Discrimination**

Kamaaina Kids enrolls children on a first-come, first-served basis and does not discriminate on the basis of race, religion, national or ethnic origin, gender, age or disability in administration of its admission or program policies, or financial aid programs.

It is our policy to not discriminate against persons with disabilities on the basis of disability, and to provide children and parents with disabilities an equal opportunity to participate in the center's programs and services, in compliance with state law and the federal Americans with Disability Act.

If a translator is required for parent communication, Kamaaina Kids will work to provide one as needed.

## **Children's Personal Belongings**

Please send your child to school in appropriate, safe clothing. Long muumuus and high-heeled footwear are often dangerous for active children and are discouraged. We ask that each child have a complete change of clothes (labeled) available at all times. Parents of non-toilet trained children must provide an adequate supply of diapers and wipes at all times. We ask that no toys, play jewelry, games or videos be brought to school. We will not assume responsibility for lost/stained clothing, footwear or lost/damaged items brought to school by your child.

Failure to provide an adequate supply of clothing and/or toiletries may lead to suspension until supplies are provided by the family.

## **Disclosure of Information**

Information about an individual child, or the parents or guardians of that child will not be disclosed to persons other than the facility staff or the Department of Human Services (DHS) or the Department of Education, unless the parents or guardians of the child grant written permission for the disclosure. This includes concerned family members who do hold legal guardianship. A "Release of Information" form is available for parents or guardians to sign.

In an emergency situation, information will be shared with EMT, Police or other emergency responders as needed.

## **Special Services**

Based on parent/staff observations of the child, developmental screening is available on request through an outside agency.

Parents may also be referred to other mental health or social service agencies at the discretion of the staff.

# **General Program Policies**

## **Rest Time**

All children are expected to rest for a period of time each day. This time generally falls between 12:30 and 2:30 pm at all centers.

## **Transportation**

We do not provide transportation to and from school for children enrolled in our preschool programs.

National Transportation Safety Board (NTSB) research shows that school buses are not designed with the safety of preschool aged children in mind. Their lack of seat belts and cushion zones developed for older/larger children makes transporting smaller children a safety risk.

Your child's safety is priority in Kamaaina Kids; therefore it is our company policy not to take children in vehicles that does not meet NTSB's Rules and Regulations for preschool aged children.

We do understand that Learning Experiences outside of the classroom environment is very important; therefore each Center will provide a variety of walking excursions, and will maintain permission slips for one year on file. Covered shoes are MANDATORY for ALL walking excursions. If you fail to provide covered shoes your child will not be able to attend, and accommodation's for your child will be made. Please check with your Center Director for more information that may be Site specific.

## **Fundraising**

An Annual Preschool Division Fundraiser is conducted once a year to help support Center based projects and our scholarship and tuition aid fund.

**If you prefer not to participate in this specific event we will charge your account to cover the fundraised net portion that we normally would have received through your participation.** This amount will be based on the fundraiser event and may vary year to year. Please consult with your Director for more information.

## **Request for Copy of Records**

Your child's completed registration forms and sign-in/our sheets are legal documents and kept for 5 years after your child leaves the program. Copies of these forms will be provided only to parents with legal custody of the child or through legal measures. The request must be submitted in writing (include the range of dates for which rosters are needed and the date by which they are needed) along with the appropriate payment (See "File Copying Fee" on pg.23). We may require up to ten working days to process your request.

# **General Program Policies**

## **Continuity of Care**

We strive to provide consistency of care by having qualified staff working set schedules with their assigned groups of children. We maintain staff/child ratios that comply with or exceed state licensing regulations.

(4 yr olds – 1 to 16, 3 yr old – 1 to 12, 2 yr olds 1 to 8, toddlers 1 to 5, infants 1 to 4)

When your child's teacher or caregiver does need to be absent, we will have another staff member or substitute available to provide care. Our substitutes go through the same screening and new hire training as all other staff.

## **Pets**

Some Centers have pets in classroom or on the campus. We want children to have the opportunity to learn about caring for living things. All animals are kept well fed and cared for in clean environment. Vet care is provided as needed. As much as we know you love your family dog, only service dogs are allowed on our campus. All others need to remain off campus.

## **Smoking/Alcohol/Drug Policy**

All Kama,aina Kids Centers are smoke free, alcohol free and drug free environments. Smoking is not permitted anywhere on the school grounds including the parking lot.

# **Parent Communication**

Kamaaina Kids staff are committed to working with parents to provide a supportive environment for children. Our Centers provide a variety of written communications to keep parents advised of current class and Center-wide activities.

## **Please make time each day to:**

- Read the teacher's daily summary of activities, normally located on the clipboard or nearby Parent Bulletin Board
- Check your child's mailbox or folder for important notices.

## **Parent Conferences**

Please make time to attend a parent/teacher conference at least twice a year to meet with your child's teacher and share important information on your child's development. These are scheduled directly with your child's teacher. You may also call for an appointment any time during the year to discuss any concerns you have regarding your child.

You will receive a written report regarding your child's development during your Parent/Teacher Conference.

## **Updating Records**

Be sure to keep your records up-to-date. Please inform your Center Director in writing IMMEDIATELY if the home or work phone numbers of either parent or any of those persons listed as Authorized Pick-Ups changes. This ensures we are able to reach you in the event of an emergency.

## **Health Report**

We send this completed form home with your child for any occurrence of illness or injury.

## **Classroom Assignment/Transitions**

Many factors are taken into consideration when deciding to move a child to the next classroom

- Available space
- Length of time the child has been in her/his present classroom
- Social/emotional, physical, and verbal development of the child
- Chronological age of the child
- Peer friendship – depending upon the needs of the children. Friends are either separated or moved together.



# **Parent Communication**

When spaces become available, the procedure for changing a child's classroom are:

1. The Director, with the teacher, determines which children are ready to move.
2. The Director contacts the parent(s).
3. A transition schedule is set.
4. Arrangements are made between teachers for the child to visit the new classroom

The child visits his/her new classroom several times over a period of 1-4 weeks before moving. Parents are welcome to visit the new classroom with the child during these visits or at any time throughout the year in anticipation of a move. Arrangements for these visits can be made through the Center Director.

## **Parent Participation**

We welcome and encourage you to share your talents as well as your time with us. Volunteers are always encouraged to join us for excursions and special parent events, which may include pot lucks or work days.

Watch the Parent Bulletin Board and school newsletter for details. Parents are always welcome to visit. Please prearrange your visit with your child's teacher to allow for any modifications in the schedule.

## **Behavior Management**

During their early years, your child is learning about the world around them and how they fit into it. Children need adults to help them develop self-control and empathy. The ultimate goal is for every child to learn to control their own behavior and to understand how their behavior impacts others. It's natural for children to test limits that adults set for them. Kama,aina Kids staff will use positive guidance techniques, including redirection and logical consequences, to help guide children's behavior. An important part of this process is providing children with the support they need to learn to express their feelings and needs in acceptable ways.

Young children occasionally bite, hit, kick, scratch or throw a toy at others for a variety of reasons. When this behavior becomes persistent and/or extreme, Kama,aina Kids will ask for parent cooperation in efforts to resolve differences. Staff members may seek outside advice and/or services to resolve behavioral conflicts. In normal situations, staff will use positive guidance techniques to address the behavior. Time out will only be used in extreme situations. Time out enables the child to regain control of himself or herself. Time out keeps the child in visual contact with a caregiver and is used selectively, taking into account the

# **Parent Communication**

child's age, developmental stage, and its usefulness of for the particular child. No physical punishment will be used.

## **Incident Report**

We send this completed form home with you to get your help dealing with behaviors of concern or to inform you of any unusual situation that may have occurred with your child that day that you should be aware of.

## **Reports**

All reports including Accident, Observation, Incident and Health Reports are kept on file for one year. Copies are provided to you and represent your official document. Please keep for your records.

## **Comments, Concerns or Complaints**

We work hard to provide you and your child the highest quality care, but we also understand that situations can arise which may need special attention. Please let us know, either in person or in writing, about anything with which you are particularly concerned. A Parent Survey is also conducted yearly. Always bring your concerns to the Center Director first. Should you need further assistance, please contact the Main Office at or (808) 262-4538 or toll-free (888)345-4374. You may be referred to a Regional Manager or Division Director.

# **Health Policies**

For the protection and comfort of your child, and the other children and staff at the Center, we cannot permit sick children to attend during the duration of any illness the child may have. Each day as children arrive at the Center, we will generally check to see that they are rested and in good health. If a staff member upon the child's arrival observes symptoms of illness, the child will not be admitted to the Center that day.

We have neither a separate facility nor adequate staffing to care for sick children. When any symptoms occur, you are expected to come and pick up your child as quickly as possible. If you cannot come within 1 ½ hours, please make other arrangements or we may call names on your emergency authorization list. In all cases, the Center Director has the authority to decide when a child may return to the Center. Resources used by the Director include: "The Health State", published by the Hawaii State Department of Health, covering health requirements for child care centers and preschool entry, and consulting with Hawaii Department of Health Doctors, communicable disease nurses or epidemiologists. Our policies may not always concur with the child's physician's recommendations of when to return to school.

Kama,aina Kids has and implements a written agreement with a health consultant who is a health professional with specific training in health consultation for early childhood programs. The role of the health consultant is to raise awareness of health and safety standards, make recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. A health consultant agreement letter is on file at every site with all necessary contact information.

If the child is well enough to attend the Center, our staff will assume the child can participate in all activities, including outdoor play.

A child is considered ill if he/she has a fever of 100 degrees F axillary (under the arm) accompanied by a change in behavior, lack of energy, flushed or pale complexion, undiagnosed rash, vomiting, diarrhea, complains of abdominal or head pain, or any combination of the above. Often children are most contagious before or immediately at the time when symptoms first begin to occur. By the time teachers discover symptoms during the school day a child may have already exposed the entire class to an illness. For this reason, we ask that you take conservative measure when your child displays symptoms of illness or has a condition that prevents him/her from participating comfortably in the program.

**Children must stay home if they have the following symptoms and may return according to our policies.**

# **Health Policies**

## 1) FEVERS

When a child has a temperature of 100 degrees F. axillary (under the arm)

### **CHILD MAY RETURN** when:

- a. the fever goes below 100 degrees F. axillary (under the arm), while NOT influenced by antipyretic medication (eg. Tylenol, etc.), and the temperature has been normal for 24 hours before the child's return.

**OR**

- b. a note from a health care provider gives the cause of the fever and states it's not communicable.

## 2) FEVER DUE TO IMMUNIZATION

Immunizations such as DPT and MMR may cause a fever of up to 102 degrees F. If there are no other signs of illness, the child who has a fever within 24 hours of receiving a DPT or seven to ten days after an MMR may stay at the Center. Fevers resulting from immunization should last no more than 24 hours. Teething in some children may also cause a low grade fever and discomfort. The Center encourages parents to ask their health care provider for medication to relieve these symptoms.

## 3) DIARRHEA

Diarrhea is defined as two or more loose stools in a four-hour period (if this is a change from the normal pattern). Any diarrhea lasting more than one week MUST have a stool culture done to determine the cause and whether it's communicable or not. **CHILD MAY RETURN** when:

- a. stools are back to normal (diarrhea is completely gone),
- b. OR with a note from your health provider stating the cause of the diarrhea. This will be accepted only if the diarrhea does not become a sanitation issue.
- c. No sooner than 24 hours

**Note:** if your child goes to a health care provider for this problem, you should notify the provider that your child attends a child care program.

## 4) VOMITTING

Two or more occasions of vomiting within the past 24 hours. **CHILD MAY RETURN** when free of vomiting for 24 hours.

# Health Policies

## 5) UNDIAGNOSED RASH/BLISTERS

After parent/teacher/director discussion, the child may stay at the Center or be asked to see a health care provider for further evaluation.

## 6) LETHARGY/LISTLESSNESS/IRRITABILITY

If child is/becomes lethargic, and is only able to be consoled by one-to-one attention (holding, rocking, etc.) by staff. **CHILD MAY RETURN** when able to participate in Center's program.

7) Any child with the following symptoms must stay at home or be picked up from the Center as soon as possible after notification:

- Chicken Pox
- Ringworm
- Pinworm
- Hand, foot, and Mouth
- Impetigo
- Thrush
- Eye inflammation or drainage
- Any other contagious condition

**Note:** If symptoms occur while the child is at the Center, the child will be isolated, their parent contacted and they will be encouraged to see a health care provider.

## Head Lice (ukus)

The child needs to be excluded from care and may return to preschool after treatment for head lice is complete but **MUST BE** nit-free.

**Remember:** Please notify the Center if your child has any of the above conditions or if you have any health concerns.

## Medications

In accordance with state licensing requirements, parents or guardians are required to complete a Medication Form before medication can be given to their child. Staff are not qualified or allowed to decide whether a child requires medication or not.

Based on State regulations, we must follow the procedures listed:

- Only medications prescribed by a licensed physician may be administered

# **Health Policies**

- It must be given to the school in its original prescription bottle, showing child's name, date filled (must be current prescription) and directions for use.
- The child's parent/guardian must complete and sign an authorization form specifying time and amount/dosage of medication to be given.
- Parent fully understands the Center is extending an extra service beyond its normal responsibilities, and the school will not be held responsible for missing any medication dispensing.

## **Health Practices**

We take great care in our efforts to limit the spread of illness in our center. Besides cleaning and disinfecting of toys, and surfaces on a regular basis, both staff and children are required to practice appropriate hand washing throughout the day. Hand washing is done before preparing food or after handling of classroom pets, when returning to classroom from outdoor play, after wiping noses, after coming in contact with blood. Please find additional handouts and diapering chart near the changing area for detailed information for individual children. All classrooms are cleaned by janitorial staff daily.

## **Child Health Records**

Current information about any health insurance coverage is maintained by parents at all times and updated as necessary. Parents are responsible for all updates to health immunizations and any follow-up required for abnormal results. Emergency contact information must be current and up-to-date. The names of individuals authorized by the family to have access to their child's health information must be submitted by the parent/legal guardian in writing. If a child has been diagnosed by a professional with a special health need such as allergies or chronic illness (e.g. asthma, hearing or vision impairments, feeding needs, seizures, diabetes, etc.), the Center needs to be provided with written instructions on how to handle the child's special health need as well as accompanied by a doctor's note. If a child is not fully immunized due to a medical condition documented by a licensed health professional or if documented as a religious belief, upon the breakout of a vaccine preventable disease the child will be excluded from the program until the threat of an epidemic is over or he or she receives proper immunization.

## **Bloodborne Pathogens**

In the event of an injury, our first and foremost concern is always the health and safety of your child. In addition, due to increased concern regarding the risk of exposure to Bloodborne pathogens (disease-causing germs carried by blood such as Hepatitis B virus and HIV) and to ensure our compliance with the Federal Occupational Safety and Health Administration's (OSHA) regulations

# **Health Policies**

for employers, we will follow these procedures in administering first aid to your child:

- 1) Your child's caregiver will don the appropriate personal protective equipment, which must always include gloves and may include a face mask and/or gown to prevent your child's blood from entering caregiver's system through cuts/hangnails or a splash into eyes/mouth.
- 2) Any clothing which is bloodstained will not be rinsed out at the Center; it will be placed in a sealed bag and marked with the "Biohazard" label to ensure that it remains sealed until you take it home.
- 3) In the event that the caregiver believes that your child's blood may have entered his/her system, we are required to provide him/her with a confidential medical evaluation. Unless we are able to verify that your child received the Hepatitis B vaccination series, the HBIG vaccine must be administered to the caregiver immediately.
- 4) We will contact you at the time of the incident to ask if we may have your child tested for the HIV virus. The law protects your decision:
  - a. not to disclose, if you do know your child is an HIV carrier.
  - b. OR, to decline our request to have your child tested.
- 5) Should your child be exposed to another child's blood, we will notify the parents of both children involved immediately and strongly encourage you to contact your physician for a follow-up.

Please understand that OSHA requires us to make every effort to ask you about your child. Without that information, the exposed employee must automatically be tested for HIV at regular intervals over the next six months.

## **Did You Know That:**

- Dried blood can transmit a virus for up to seven days
- Once a person is exposed to someone else's blood (it has actually entered their system, not just gotten on the skin), the Hepatitis B post-exposure vaccine must be administered within 24 hours to prevent infection if the source person has Hepatitis B.
- If the source person is known to be HIV positive, treatment must begin within four hours of the time of exposure to maximize treatment-there is no vaccine.

# **Health Policies**

## **Emergency Care**

If your child requires immediate medical attention and must be transported to the nearest hospital, a staff member will accompany your child to the hospital and stay there until you or your representative assumes responsibility for your child's care.

## **Infant Sleep Position Policy**

To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants unless otherwise ordered by a physician, are placed on their back to sleep. Please sign and review the infant sleep position policy that is in your enrollment packet.



# **Safety**

**Your child's safety is our top priority.  
Please read the following section carefully.**

## **Evacuation Procedures**

All schools have a detailed disaster plan posted on the Parent Bulletin Board. You may request a copy from your Center Director.

If evacuation is necessary, a notice will be posted at the school telling you where the group has been evacuated to, as instructed by either Civil Defense (in the case of a natural disaster) or local authorities (in the event of other types of emergencies). We will also put information on the radio as soon as possible. If the public schools in our area are closed due to an emergency situation, our center will also be closed. If either occurs during our hours of service, the Center will remain open until all children have been picked up. Each Center also conducts monthly emergency evacuation drills.

## **Insurance**

All Centers are covered under the liability policy of Kama,,aina Care, Inc. for \$1,000,000 per occurrence for bodily injury and property damage and \$2,000,000 general aggregate. All Kama,,aina Kids vehicles are insured for \$300,000 per person and \$600,000 per accident.

## **Protection of Children**

For daily safety, please hold your child's hand while in our parking lots. Dress your child in clothing and footwear so they may move about freely and safely in the classroom and outside.

Our annual curriculum includes safety units on subjects such as car and traffic safety, fire safety and poison awareness.

Kama,,aina Kids is mandated by state law to report any unusual or suspected incident of child abuse or neglect to the authorities. Such reporting is done for the protection of the child and family.

# **Food Service**

## **Meals**

Breakfast, a lunch and an afternoon snack are provided to children at all Centers. A weekly menu is posted in every classroom. Please DO NOT send any additional food to school with your child unless accompanied by medical exemption.

As participants in the “USDA CACFP” Program (a federally-funded school meal service program administered by the U.S. Department of Agriculture), all meals meet federal nutrition requirements. Your Center Director can give you the Center’s meal times to allow you to plan your child’s arrival and departure times accordingly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability.

## **Allergies/Dietary Restrictions**

All children are served milk, a USDA CACFP requirement. If your child is allergic to milk or has any food allergies, a physician’s note is required to permit any substitution and must be renewed every school year.

If your child has dietary restrictions for religious or life choice reasons, please notify your Center Director. You may be asked to provide nutritious substitutes.

The Center Director can provide you with a copy of the menu the preceding Friday to plan for the following week.

## **Birthday Celebration**

A birthday is a special day for your child and we understand your desire to make it a memorable one. We must also consider the needs of the group.

In our commitment to promote healthy eating habits, we will not allow foods with high sugar content and ask the following:

- Consider donating a book or puzzle to your child’s class in your child’s honor
- If you choose to send food to celebrate your child’s special day, please send only healthy items such as frozen yogurt, muffins (rather than frosting-laden cupcakes), fresh fruit or granola bars.
- Always consult with Teacher before bringing food items.
- 

**Special snacks must be approved by the teacher prior to bringing the food to school.** DO NOT send birthday cakes, cupcakes, ice cream, goodie bags, or party supplies to school. All food items that are distributed at school must comply with our nutrition policy. Items that do not comply with our nutrition policy will not be distributed, and will be sent home.

# ***Food Service***

## **Infant Feeding**

Kamaaina Kids offers food for all children enrolled in our Infant /Toddler program. For children not yet eating table foods, we will provide formula, cereal and baby food. Please see the Center Director to discuss specifics.

We will rinse out feeding equipment, such as bottles, but sterilization will need to be done at home.

# **School Fees**

## **Tuition Information**

Kama,aina Kids is committed to providing affordable care with a range of program choices to meet your child care needs. As the cost of doing business has increased this has become a greater challenge.

One of the resources available to us, helping to keep tuition costs reasonable, is the cash reimbursement program for meals from the U.S. Department of Agriculture. Our participation in this program allows us to provide our food program at no additional cost to you.

Rates are based on the various program hours and related services you select. We have separate rates for non-toilet-trained and toilet-trained children. Younger children require more staff to ensure quality care, thus, a higher tuition rate. Tuition rates are based on classroom, not necessarily the age of a child (i.e. if a child turns 3 but there is no available space in the 3's classroom, your child's tuition remains at the 2yr old rate).

In addition, there may be other charges at certain sites based on program selection and/or classroom situations. Please refer to the current Registration Form.

All tuitions are charged a monthly rate, which is calculated based on the average number of school days per month during the school year. No discount is given for absences, holidays or other days when the school is scheduled to be closed.

All Centers are closed for one week during summer. Because tuition is a yearly total divided into 12 monthly payments, tuition will remain the same for the month in which this closure occurs.

## **Tuition Payments**

Tuition payments are due by the 1<sup>st</sup> of each month for that month's enrollment. Full tuition is due whether or not your child is in attendance every day; this includes absences due to family vacations or sick days for less than four weeks in length. In the event of an extended absence due to family emergency or illness, a payment adjustment may be arranged at the discretion of the Center Director.

Tuition not received by the 1<sup>st</sup> of the month will be assessed a late fee UNLESS you have prior written agreement with the Director for installments on your monthly tuition, IN WHICH CASE, you will be assessed an Installment fee of \$10 per installment payment.

Families receiving DHS tuition assistance will be required to complete paperwork for direct deposit of payments to Kama,aina Kids and pay their portion by the 1<sup>st</sup> of the month.

# **School Fees**

**\*\*Please refer to your Registration Form for your first month's tuition\*\***

## **Your Payment Records**

Please keep your canceled check as your receipt for tax purposes. For your reference, our tax identification numbers are recorded on your receipt.

## **Delinquent Tuition Payment**

Any payment not received in Kama,aina Kids Main Office by the 1<sup>st</sup> of the month for that month is considered delinquent. A late charge will be assessed on tuition received after the due date. See current Description of Fees Form for the cost. Your child may be suspended from school effective the first school day after the 1<sup>st</sup> until the delinquent fees are paid. A child remaining on suspension for more than one week may be subjected to termination of enrollment. The child's guardian will be financially responsible for all unpaid tuition fees. Past due accounts will be referred to a collection agency.

## **Scholarships**

Limited scholarships are available to qualifying families. You can get an application from your Center Director.

Kama,aina Kids would like to acknowledge the on-going support of our scholarship fund by the following trusts and foundations

McInerny Foundation

The Harry & Jeanette Weinberg Foundation, Inc.

The G.N. Wilcox Trust

# ***Other School Fees***

## **Annual Comprehensive Fee**

This non-refundable annual fee charged to you at enrollment and during the first month of every school year thereafter, helps cover the costs of administrative and bookkeeping services, curriculum supplies, excursions or on-site special events. A portion of this fee is also allocated for our scholarship fund. See current Description of Fees sheet for cost.

## **One-Time Registration Fee**

This fee is due at registration and is required of all new children as well as those who disenroll and return. It covers processing costs.

## **Deposit**

This non-refundable deposit secures your child's space for a future start date. This deposit will be applied toward your child's first month of tuition.

## **Program Change Fee**

A fee will be charged to your account each time you change your days or hours of service. See Description of Fees sheet for cost.

## **File Copying Fee**

- For all forms in the file: \$2 per page
- Allow a minimum of two weeks for processing
- For Sign-in/out sheets: \$5 Service Fee plus \$10 for each month requested
- Files will be copied for legal guardians upon written request and payment or subpoena only

## **Late Pick Up Fees**

See current Description of Fees

## **Late Payment Fees**

Tuition not received on or before the 1<sup>st</sup> of the month for that month's tuition is considered delinquent. A \$30 late fee will be assessed to the child's account.

# **Terminations**

## **Voluntary Termination**

We have planned for your child to be enrolled with us for the full school year. When you've decided your child's last day of attendance please give the Center Director four weeks ADVANCE written notice. A Termination Form is available from the office. Prepaid tuition will not be refunded unless proper notice has been given. Tuition is charged through the end of the four week period whether or not the child will be attending.

## **Involuntary Termination**

Kama,aina Kids makes all reasonable efforts to help children and parents succeed in our program. However, when it's determined that this is not possible, Kama,aina Kids reserves the right to terminate enrollment. Whenever possible, the family will be given time to locate other child care services. This grace period will not be permitted however, at the expense of the safety of our staff or of the other children's care and safety.

## **Involuntary termination may occur as a result of:**

Non-payment of tuition fee(s) when no other payment plan has been arranged with the Center Director and/or lack of adherence to the tuition policies stated in the Enrollment Contract.

Child's behavior is disruptive to normal functioning of the Center.

Child's behavior is detrimental to their safety and the safety of the staff and children enrolled.

Lack of parent cooperation in efforts to resolve differences and to receive outside advice and/or services to resolve behavioral conflicts.

Inability of Center to meet child's developmental needs, as determined by Kama,aina Kids staff.

Abusive behavior and/or verbal threats toward children, staff or other parents made by parents, guardians or any other adult who enters the grounds and /or participates in program activities.

Parent, guardian or any other adult who consistently fails to abide by the policies and procedures outlined in the Parent Handbook.

## **Readmittance**

Anyone requesting Readmittance must submit a new registration form along with the current Registration Fee. All outstanding debts must be paid before re-entry may be considered.

## **Kama'aina Kids Preschool Center Locations**

### **Aikahi**

38 Kaneohe Bay Drive  
Kailua, HI 96734  
Ph/Fax: 254-5402/254-8177

### **Alewa Heights**

1052 Ilima Drive  
Honolulu, HI 96817  
Ph/Fax: 595-6634/595-6635

### **Barbers Point**

1965 Saratoga Street  
Kapolei, HI 96707  
Ph/Fax: 682-8150/682-8160

### **Enchanted Lake**

1425 Keolu Drive  
Kailua, HI 96734  
Ph/Fax: 263-5554/261-7670

### **Ewa at CFS**

91-1841 Fort Weaver Road  
Ewa Beach, HI 96706  
Ph/Fax: 681-1503/681-0377

### **Honolulu**

930 Lunalilo Street  
Honolulu, HI 96822  
Ph: 599-2807/599-5752

### **Holy Trinity**

5919 Kalaniana'ole Hwy  
Honolulu, HI 96821  
Ph: 394-6055/394-6056

### **Iroquois Point**

6880 Iroquois Avenue  
Ewa Beach, HI 96706  
Ph/Fax: 499-0030/499-0032

### **Kaneohe**

45-520 Keaahala Rd  
Kaneohe HI 96744  
Ph/Fax: 247-0718/247-0728

### **Mali**

87-227 St. Johns Rd.  
Waianae HI 96792  
Ph: 682-8150

### **Mililani Tech Park**

345 Kahelu Avenue  
Mililani, HI 96789  
Ph/Fax: 623-1322/623-1175

### **Moanalua**

20 Bougainville Drive  
Honolulu, HI 96818  
Ph/Fax: 422-9491/423-6727

### **Pearl City**

784 Kamehameha Hwy  
Pearl City, HI 96782  
Ph/Fax: 455-3330/454-1775

### **St. Mark's**

539 Kapahulu Avenue  
Honolulu, HI 96815  
Ph/Fax: 734-6112/737-6925

### **St. Tim's Academy**

98-939 Moanalua Road  
Aiea, HI 96701  
Ph/Fax: 484-7830/484-1913

### **Waipahu**

94-531 Waipahu Street  
Waipahu, HI 96797  
Ph/Fax: 677-3573/678-2513

### **Kahului, Maui**

50 S. Papa Ave.  
Kahului, HI 96732  
Ph/Fax: 877-7256/873-8737

### **Lahaina, Maui**

553 Wainee Street  
Lahaina, HI 96761  
Ph/Fax: 667-0422/661-4817

### **Piilani, Maui**

10 Manino Circle  
Kihei, HI 96753  
Ph/Fax: 874-8844/875-7611