KILOHANA PRESCHOOL
5829 Mahimahi Street, Honolulu, HI 96821
Phone: (808) 373-4434
Fax: (808) 373-3372

For Administrative use only:
Date Received

2027-2028
School Year

STUDENT: _____ _____ _____
Last Name **First Name** **D.O.B.**

MONTHLY SCHEDULE and RATE: Choose (circle) the one you prefer by marking 1st or 2nd choice.

Drop off - Pick up Daily

We provide a.m. and p.m. snack. Children eat lunch in the classroom.
Parents provide a nutritious lunch & a water bottle from home.

7:45 – 8:00	**____$30**	Early Drop Off
8:00 – 2:30	**_____$1,100**	Pick-up MUST be before 2:30 to avoid late charges.
8:00 – 5:00	**_____$1,200**	*Pickup must be before school closes at 5:00 p.m.

Tuition is to be paid on or before 9:00 a.m. the first business day of the month. After the 1st day of the month, a $5. late fee will be charged for each day the tuition is unpaid.
A 25% discount is given for a second child enrolled at the same time as first child. Tuition is due by the 1st of each month. No reduction in tuition for child's absences.

FEES AND DEPOSIT

ANNUAL REGISTRATION	**$50.00**	Due with this application. **NON REFUNDABLE.** Students returning for the upcoming year Reapply for admission and pay Registration Fee in the Spring.
ANNUAL COMPREHENSIVE FEE	**$200.00**	**NON REFUNDABLE.** Fee covers the cost of excursions, Kilohana T-shirts, special events and classroom supplies. New families pay upon confirmation of enrollment. Returning students pay in August.
SECURITY DEPOSIT		Equal to one month's tuition, determined by chosen schedule. Due upon confirmation of enrollment. **NON REFUNDABLE.** Can only be applied to last month of tuition after attending for 3 months and giving one month notice of intent to withdraw. **ABSOLUTELY NON REFUNDABLE if these criteria are not met.**
LATE PICK-UP FEES	**$25.00**	$25.00 for the first 15 minutes or part thereof, plus $10.00 for each additional 15 minute Period or portion thereof.
LATE TUITION PAYMENT FEE	**$5.00**	Tuition payments are due on or before 9:00a.m. on the first school day of the month. $5.00 Will be added for each day that the tuition remains unpaid. Tuition not paid by the end of the Month will result in dropping the child from enrollment. Upon payment of the outstanding Balance, the child may be reinstated if space is still available.
RETURNED CHECK FEE	**$35.00**	Added to the invoice if payment is declined or rejected by the bank for ANY reason.

School is closed on all Federal and State holidays, the week between Christmas and New Years, several Teacher Work/Training days and the week of Memorial Day. Children are accepted with the understanding that they will remain enrolled for the entire school year. There is no discount for child absences such as family vacations or sickness. In order for the child to remain enrolled, full tuition is expected to be paid. Drop in care can be provided if space is available and all enrollment papers are submitted and payment is made in advance.

PERSON RESONSIBLE FOR PAYMENT: Name:_____**Phone:**_____

Address:_____
City State Zip

THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS STATED ABOVE:

Signature:_____**Date:**_____**Email:**_____

Revised 10/15/2026

KILOHANA PRESCHOOL

APPLICATION FORM (PAGE 2)

Please complete all parts of this application form, so Kilohana Preschool has accurate information for your child's benefit. Please report any changes, especially emergency or work numbers, so we have current information on file for your child. Thank you!

DATE TO ENTER PRESCHOOL:_____

Student's Full Name: _____Nickname:_____

Child's Age: _____**Birthdate:**_____**Gender:** Male ☐ Female ☐

Parent/Legal Guardian Information

Child's Parent/Legal Guardian Name: _____Relationship:_____

Marital Status:_____**Cell Phone**: _____

*Authorization of text messages for urgent/emergency Preschool communication: yes ☐ no ☐

Home Phone: _____Work:_____

Email Address:_____

Home Address: _____

**Preferred mode of communication for general Preschool announcements:*

Text Message: ☐ Email: ☐ Paper Copy: ☐

Parent/Legal Guardian Name: _____ **Relationship:**_____

Cell Phone: _____

**Authorization of text messages for urgent/emergency Preschool communication*: yes ☐ no ☐

Home phone: _____Work:_____

Email Address:_____

Home address: _____

**Preferred mode of communication for general Preschool announcements*:

Text Message: ☐ Email: ☐ Paper Copy: ☐

Child's Personal History

Brothers or sisters at home (Names/ages):

_____

Other persons living at home: _____

Primary Language spoken at home: _____Age child began talking:_____Can speak now: _____.

Phrases:_____

Sentences:_____

Other:_____

Secondary Languages:_____

Any special words your child uses to describe his/her needs:_____

Child's Health:

General Health: _____Susceptibility to colds:_____

What arrangements can you make for child's care during illness?: _____

Any communicable diseases child has had:

Measles __ Mumps __Chicken pox __Whooping Cough __ Other___

Any serious illness or hospitalization: _____

Any physical limitations:_____

Allergies (bee stings, foods, etc…)_____

Any other health information we should know (example: gets convulsions with fever, throws up when cries, frequent nosebleeds, taking medication, tubes in ears, asthma, premature birth, etc…)

_____

Child's Toileting:

The child must be out of diapers and training pants. At our preschool, your child should be able to do the following things on his/her own. Please indicate if he/she can do these by him/herself:

___ Knows when to go to the bathroom ___ Wipes him/herself

___ Gets up and down from the toilet ___ Flushes toilet, washes hands

___ Can pull pants up and down ___ Stays dry at naptime

Child's Behavior:

Has your child been in any school or playgroup before?

_____

How do you feel your child will react to new surroundings/new school?

_____

What methods work best for you at home in gaining your child's cooperation?

_____

What are your child's interests?_____

What are his/her strengths/things you like best about him/her?

_____

How can we help your child gain the most from his/her school experience? _____