



Thank you for downloading our registration packet!

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

Pages 4 – 24

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 25 - 32

These are important documents for you to read. During the registration process your Center Director will confirm acknowledgement of understanding of some of these documents.

Pages 33 - 62

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

INSTRUCTIONS

NEW TO OUR PRECHOOL

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

RETURNING FAMILIES

If you are already enrolled and are registering for the new school year (August 2021 – July 2022), 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.

Center	Email	Phone	Fax
Aikahi	aikahi@kamaainakids.com	254-5402	254-8177
Alewa	alewa@kamaainakids.com	595-6634	595-6635
Calvary	calvary@kamaainakids.com	235-4833	247-3131
Enchanted Lakes	elakes@kamaainakids.com	263-5554	261-7670
Ewa @ CFS	ewa@kamaainakids.com	681-1503	681-0377
Hawaii Kai	trinity@kamaainakids.com	394-6055	394-6056
Honolulu	honolulu@kamaainakids.com	599-2807	599-5752
Judd Street	judd@kamaainakids.com	585-9552	585-9553
Kahului	kahului@kamaainakids.com	877-7256	873-8737
Kalaeloa	barberspoint@kamaainakids.com	682-8150	682-8160
Kaneohe	kaneohe@kamaainakids.com	247-0718	247-0728
King Street	king@kamaainakids.com	593-9889	593-2145
Lahaina	lahaina@kamaainakids.com	667-0422	661-4817
Mali	maili@kamaainakids.com	696-9460	777-5721
Makawao	makawao@kamaainakids.com	572-5919	572-1893
Maui Evangelical	hina@kamaainakids.com	877-6604	871-8521
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

Honolulu Preschool Student Registration Form

930 Lunalilo Street Honolulu, HI 96822
Phone: 599-2807 Email: Honolulu@kamaainakids.com



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

Please Complete Top Portion Only

Rev. 12/2021

Student's Name (first, last): <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:	Start Date:	Is student potty trained?
Parent/Primary Payer's Name:	Relationship to Child:	Email Address:	Work: Cell:	
Spouse/Secondary Payer's Name:	Relationship to Child:	Email Address:	Work: Cell:	
Student's Street Address:	Child Resides With:	City/State:	Zip:	
Primary Payer's Mailing Address (if different from above):		City/State:	Zip:	
<input type="checkbox"/> Yes, I'd like to make a tax deductible donation to assist with preschool equipment, supplies and scholarships!		\$ _____ One-Time Donation		
		\$ _____ Recurring Monthly (you may cancel at any time)		

<p align="center">MONTHLY TUITION CALCULATION <i>*Rates are subject to change*</i></p> <p><input type="checkbox"/> Toddler 6:00-4:30 _____ \$1550 = _____</p> <p><input type="checkbox"/> Toddler 6:00-6:00 _____ \$1645 = _____</p> <p><input type="checkbox"/> 2 Year Old 6:00-4:30 _____ \$1350 = _____</p> <p><input type="checkbox"/> 2 Year Old 6:00-6:00 _____ \$1460 = _____</p> <p><input type="checkbox"/> 3-5 Year Old 6:00-4:30 _____ \$1325 = _____</p> <p><input type="checkbox"/> 3-5 Year Old 6:00-6:00 _____ \$1385 = _____</p> <p><input type="checkbox"/> Other: _____ = _____</p> <p>Surcharge</p> <p><input type="checkbox"/> Non Trained Child (3-4 yr old rm) \$100 _____ X _____ = _____</p> <p>TOTAL BASE TUITION _____</p> <p>DISCOUNTS</p> <p><input type="checkbox"/> Multi Family Member _____ \$ _____</p> <p><input type="checkbox"/> _____ % Employee/Board Member _____ \$ _____</p> <p><input type="checkbox"/> _____ % Other _____ \$ _____</p> <p>CONFIRMED FINANCIAL ASSISTANCE \$ (_____)</p> <p><input type="checkbox"/> DHS (POD, CCC, Arbor) _____ \$ _____</p> <p><input type="checkbox"/> PKS (Pauahi Keiki Scholarship) _____ \$ _____</p> <p><input type="checkbox"/> GSA/NACCRA (Military Assistance) _____ \$ _____</p> <p><input type="checkbox"/> Other: _____ \$ _____</p> <p>ESTIMATED MONTHLY TUITION \$ _____</p>	<p align="center">REGISTRATION FOR THE 2021-2022 SCHOOL YEAR</p> <p>FEES</p> <p><input type="checkbox"/> Non-Refundable Registration Fee \$50.00</p> <p><input type="checkbox"/> Annual Comprehensive Fee 2021-2022 School Year \$240.00</p> <p>Partial Year (\$20.00/Month through July 2022) _____</p> <p><input type="checkbox"/> Installment Fee (\$10.00) \$10.00</p> <p><input type="checkbox"/> Program Change Fee \$25.00</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">PARTIAL 1ST Month Payment Calculation</p> <p>Start Date: _____</p> <p>_____ Daily Rate</p> <p>X _____ # of Days in 1st Month</p> <p>= _____ Prorated 1st Month's Tuition</p> </div> <p>FIRST MONTH'S TUITION</p> <p>+ Base Tuition (Full or Prorated) \$ _____</p> <p>+ Registration Fee \$ 50.00</p> <p>+ Annual Comprehensive Fee \$ _____</p> <p>+ Installment Fee (optional) \$ _____</p> <p>- (Less) Discounts \$ (_____)</p> <p>- (Less) Confirmed Financial Assistance \$ (_____)</p> <p>TOTAL 1ST MONTH'S TUITION \$ _____</p> <p>Less Today's Payment \$ _____</p> <p>_____ Cash _____ Check # _____</p> <p align="center">DUE ON THE 1ST DAY OF SCHOOL \$ _____</p>
--	--

PLEASE READ CAREFULLY, INITIAL AND SIGN BELOW

- ____ I understand that tuition is due on the 1st of the month. A late payment of \$30 will be assessed if payment is not received by that date.
- ____ I understand that I AM RESPONSIBLE FOR ALL TUITION DUE, including my portion AND any portion not collectable from outside financial sources.
- ____ I will provide the Preschool with documentation of all financial assistance and notify the Preschool of all changes as necessary.

Parent/Guardian/Primary Payer Signature and Date

Authorized Signature and Date

Emergency Form 2021-2022

Preschool: _____

Date: _____



Rev. 1/21

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Please Print

CHILD

Child's Name: _____ Phone #: _____
Last First
Street Address: _____ City: _____ Zip: _____
 Photo release denied Allergies Seizures Date of Birth: _____

PARENTS/GUARDIANS

Father/Legal Guardian's Name _____ Mother/Legal Guardian's Name _____
Security Question/Answer: _____ Security Question/Answer: _____
Address: _____ Address: _____
Workplace: _____ Workplace: _____
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)

Name of person who shall assume responsibility if parent/guardian cannot be reached in an emergency.

Name	Relationship	Address	Phone #

OTHER AUTHORIZED PICK-UP PEOPLE

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

Name	Relationship	Address	Phone #
*			

IMPORTANT: Pick-up person must have a valid government issued ID. We reserve the right to refuse the release of a child to a party other than a parent or guardian or to any person under the influence of drugs or alcohol or who may pose a danger to the child. *Under NO circumstances will a child be released to a non-authorized person.*

MEDICAL INFORMATION

Child's Medical Characteristics (allergies, etc.): _____
Symptoms of Concern: _____
*Additional forms may be required.

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. 03/18



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1. EXCURSION PERMISSION:

My child/ren _____ has/have my permission to go on walking 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.

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.

_____ On Site Posting Only

_____ Classroom Only

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. 10 | • 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. 04/2020

Duplicate



Hawaii's Enrichment & Education Professionals
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| • Terminations | pg. 28 | | |

Signature: _____

Date: _____

Rev. 04/2020

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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: _____

Occupation: _____

Employer: _____

Education: _____

Hobbies & Interests: _____

MOTHER: natural step adopted foster

Name: _____

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 if a parent is 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? _____

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: _____

Are there any custody, guardianship, family issues the school needs to be aware of?

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

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

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?

Enrollment Contract

Rev. 03/19



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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

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

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 is no vacation, sick or holiday fee scales.

3. TUITION PAYMENTS

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 1st of each month for that month's enrollment. Tuition not received on or before the 1st 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

Tuition not paid by the 1st 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 \$35 fee. Returned checks will not be redeposited. The Center Director must receive a money order including the \$35 fee no later than three working days following notification of the returned check to ensure continued enrollment.

5. SUSPENSION

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

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

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 16th 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.

Mau: A fee of \$1 per minute late after closing time.

8. FUNDRAISING

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

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

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

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

For Official Use Only
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

For Official Use Only
Date Received
Employee Signature

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

Safe Sleep and Reporting Requirement Policy

In providing a safe sleep environment for children less than one year of age, Kama'aina Kids has created the following policies regarding safe sleep practices for children less than one year of age and reporting requirements:

Sleep Position:

- Children are placed on their backs to sleep or in accordance with the written instructions on file at the child care facility from a health care practitioner for alternate sleep positioning and;
- A child who falls asleep in a location or equipment other than a crib or playpen is moved to a crib or playpen for the remainder of the nap.

Sleep Environment:

- This child care facility uses cribs that have not been recalled by the United States consumer product safety commission; provided that a recalled item may be used if repaired in accordance with the manufacturer's standards, and this childcare facility will maintain a record of the repair;
- Soft bedding, bumper pads, and other objects are not placed in the crib.
- A clean, tightly fitted crib sheet is used to cover the crib for children less than one year of age;
- Sleeping areas are kept ventilated and at a safe temperature;
- Bed sharing is not allowed;
- This child care facility does not use recalled items for children, such as cribs, playpens, and other equipment unless the item has been repaired in accordance with the manufacturer's standards and this child care facility will maintain a record of the repair.

Supervision:

- Sleeping children are physically monitored and are checked every 15 minutes.

Training:

- All employees, and volunteers of this child care facility review this written operational policy regarding safe sleep
- All employees, and volunteers of this child care facility complete training in safe sleep practices that is approved by the Department of Human Services, upon hire and on an annual basis.
- This child care facility maintains a record of policy reviews and trainings completed by all employees, and volunteers of this child care facility.

Program material and equipment:

- Materials and equipment are safe and kept clean and in good repair, are not recalled, are stored in an orderly way, and are arranged to allow children to select, remove, and replace the materials and equipment either independently or with assistance, as appropriate to their age and development.

Reporting:

- This child care facility will report to the department of Human Services, within one working day of the occurrence, the death of a child or employee, and any illness or injury received at the child care facility that results in a child’s hospitalization, including emergency room admittance.

In providing a safe sleep environment for children one year and older, Kama’aina Kids has created the following policy regarding safe sleep practices for children one year and older and reporting requirements:

Sleeping Environment

This child care facility makes the following sleeping equipment available:

- (1) (identify which: Individual bed, crib, cot, mat, or rug) for each child who rests; and
- (2) A clean sheet or cover to be used on the (identify which: bed, crib, cot, mat, or rug) for each child.

Reporting

This child care facility will report to the Department of Human Services, within one working day of occurrence, the death of a child, employee, or household member, and any illness or injury received at this child care facility that results in a child’s hospitalization, including emergency room admittance.

I have received a copy of and reviewed the written policies of Kama’aina Kids including safe sleep and reporting requirements regarding death/illness/injury, and I understand and agree to the facility’s written policies.

Name of child in care: _____

Child’s DOB: _____ Date of Child’s Enrollment: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Child Care Director Name: _____

Signature: _____ Date: _____

A decorative border of red apples with green leaves surrounds the entire page.

Daily Schedule for

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: _____



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

Fundraiser Donation Option Form

Kama'aina Kids will conduct at least one fundraiser annually to generate funds for the individual preschool sites as well as funding for our in-house scholarship program*. Each family will be given the option to sell tickets/product OR make a donation in lieu of selling. If you are a recipient of tuition assistance, you are REQUIRED to participate or donate the requested minimum dollar amount (\$80). Please complete the following to indicate your preference.

Child's Name/Family Name: _____

Kama'aina Kids Site: _____ Classroom Name: _____

Our family will accept tickets/products to sell

Our family will make a donation to the fundraiser in lieu of selling

Donation Amount: _____

Payment By:

Check # (please attach): _____

Cash. Receipt # (obtain from staff) _____

Credit Card (Last four digits of card)**: _____

Card Holder Name: _____

Card Holder contact number: _____

** A Kama'aina Kids representative will call for your credit card information to process your donation.

Signature of Parent: _____ Date: _____

*To inquire about Kama'aina in-house scholarship, please see your center director

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*

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

Birthdate

Month	Day	Year							

Parent's Name _____ (Mother/Legal Guardian) _____ (Father/Legal 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) (See Results Below)	Provider's Signature	Provider's Stamp or Printed Name	
						R.	L.	R.	L.																			

TUBERCULOSIS EVALUATION		
Check one box below, complete date assessment, test or x-ray was administered.		Physician, APRN, PA, Clinic
Negative TB Risk Assessment	Date: ____/____/____	
Negative test for TB infection	Date: ____/____/____	
Positive test, and negative chest x-ray	Date: ____/____/____	

DENTAL EXAMINATION	
Dental Check-Up	Date: ____/____/____
Dental Check-Up	Date: ____/____/____

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)							
DTaP, DTP, DT, Tdap or Td	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Polio (IPV or OPV)	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hib (<i>Haemophilus influenzae</i> type b)	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Pneumococcal Conjugate	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis B	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis A	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
MMR	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
HPV	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Other	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

Physician, APRN, PA or Clinic _____

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Kama'aina Kids** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: YOUR PRESCHOOL.**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) or Temporary Assistance for Needy Families (TANF) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP or TANF case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income.

9. We are in the military; do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

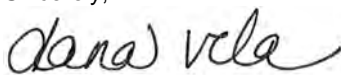
To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(808) 262-4538**

Sincerely,



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

CACFP Meal Benefit Form and Instructions Federal Fiscal Year 2021-2022

Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [State SNAP] or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Address: _____ Phone Number: _____ Date: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



**CACFP Meal Benefit Form and Instructions
Federal Fiscal Year 2021-2022**

Part 6. Participant's ethnic and racial identities	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Annual Income: _____	Household size: _____
Eligibility Determination: Free _____ Reduced Price _____ Above Scale _____	
Determining Official's Signature: _____	Date: _____
Confirming Official's Signature: _____	Date: _____

**Income Guidelines for Reduced Priced Meals
Effective July 1, 2021 to June 30, 2022**

The participant in the day care facility may qualify for free or reduced price meals if your household income falls below the limits on this chart.

Household size	Yearly
1	\$27,417
2	\$37,074
3	\$46,731
4	\$56,388
5	\$66,045
6	\$75,702
7	\$85,359
8	\$95,016
Each additional person:	+\$9,657

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.



CACFP Meal Benefit Form and Instructions Federal Fiscal Year 2021-2022

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Follow these instructions, if your household gets SNAP, TANF.

Part 1: List all enrolled children and household members.

Part 2: List the case number for any household members (including adults) receiving [State SNAP] or [State TANF].

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income



CACFP Meal Benefit Form and Instructions
Federal Fiscal Year 2021-2022

received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income form this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Enrollment Statement

Child and Adult Care Food Program

Name of Child _____ Birthdate and Age _____

is enrolled at:
 Name of Center: _____
 Address: _____
 Beginning on: _____

Month/Day/Year

Child's normal days and hours of care.	**If attendance time and meals are the same Monday to Friday, fill in Monday and sign here.	Please circle meals child will participate in			
Monday **	_____ a.m. to _____ p.m. **	Breakfast **	AM Snack**	Lunch**	PM Snack**
Tuesday	_____ a.m. to _____ p.m.	Breakfast	AM Snack	Lunch	PM Snack
Wednesday	_____ a.m. to _____ p.m.	Breakfast	AM Snack	Lunch	PM Snack
Thursday	_____ a.m. to _____ p.m.	Breakfast	AM Snack	Lunch	PM Snack
Friday	_____ a.m. to _____ p.m.	Breakfast	AM Snack	Lunch	PM Snack
Saturday	_____ a.m. to _____ p.m.	Breakfast	AM Snack	Lunch	PM Snack

Signature _____ Date _____
 Parent/Guardian

Signature _____ Date _____
 Center Administrator

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For Center use only

Child withdrawn on _____

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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- ★ Still in diapers? No Problem!
- ★ Each Center may vary



Referral Discount

Present this coupon to the Center Director and get a

ONE-TIME \$50 CREDIT TOWARDS YOUR PRESCHOOL TUITION!

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

Valid Through 12/31/2021

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

Present this coupon to the Center Director and get a

ONE-TIME \$50 CREDIT TOWARDS YOUR PRESCHOOL TUITION!

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

Valid Through 12/31/2021

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 _____

Kama`āina Kids

Infant Program

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

**If you accept our Infant Food Service Program you do not need to provide formula and baby food.*

Optional items:

1. Bibs
2. Pacifiers
3. Teething toys
4. 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.

Description of Fees



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

PAYMENT OPTIONS

- 1. Monthly**
Tuition fees are due on or before the 1st 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. Non-Refundable Annual Comprehensive Fee** \$240
This fee is due at registration and annually thereafter in the first month of the new school year. This fee is non-refundable.
- 2. Non-Refundable Registration Fee** \$50
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. This fee is non-refundable
- 3. Late Pick-Up Fee**
This fee will be assessed when a child is picked up after the scheduled program ends. See enrollment contact for details.
- 4. Late Payment Fee** \$30
Tuition not received on or before the 1st of the month for that month's enrollment is considered delinquent. This fee will be assessed to the child's account.
- 5. Returned Check/Declined Charge Card Fee**..... \$35
- 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.*



2021-2022 Preschool Holiday Schedule

We will be closed the following days

2021		
September 6	Monday	Labor Day
November 11	Thursday	Veterans' Day
November 25	Thursday	Thanksgiving Day
November 26	Friday	Thanksgiving Holiday
December 24	Friday	Christmas Holiday
2022		
December 31, 2021	Friday	New Year's Holiday
January 17	Monday	Martin Luther King, Jr. Day
February 21	Monday	Presidents' Day
TBD	TBD	Oahu Staff Inservice Training
March 25	Friday	Prince Kuhio Day Observed
TBD	TBD	Maui Staff Inservice Training
April 15	Friday	Good Friday
May 30	Monday	Memorial Day
June 10	Friday	Kamehameha Day Observed
July 4	Monday	Independence Day Observed
July 25 – July 29	School Closure	Annual Cleaning, Training, etc.

First Day of school ~ August 1, 2022

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. Dates may change for unforeseen reasons.

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.

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.



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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.

2021-2022



Hawaii'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 • Email: 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 childcare 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. 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 childcare provider on O‘ahu.

Our company is designed to meet your every childcare 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,



Dana Vela
President and CEO, Preschool Division Director

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Preschool Capacity Information

Center	Hours of Operation	Capacity
Aikahi	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 24 months (30) • 2 years to under 10 years (59)
Alewa	Infants: 6am-5:30pm Todd./ Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (26) • 2 years to under 6 years (36)
Calvary Kaneohe	Todd./Presch.: 6:30am-5:30pm	<ul style="list-style-type: none"> • 2 years to under 6 years (110)
Enchanted Lake	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 12 months to 36 months (10) • 2 years to under 13 years (80)
Ewa @ CFS	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 48 months (41) • 2 years to under 6 years (47)
Holy Trinity (Hawaii Kai)	Infants: 7:30am-5:30pm Todd./Presch.: 6:30am-5:30pm	<ul style="list-style-type: none"> • 6 weeks to 36 months (18) • 2 years to under 10 years (38)
Honolulu	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 12 months to under 24 months (12) • 2 years to under 12 years (107)
Judd	Infants: 6am-5:30pm Todd/Presch: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (18) • 2 years to under 6 years (18)
Kahului	Presch.: 7am-5:30pm	<ul style="list-style-type: none"> • 2 years to under 10 years (55)
Kalaeloa	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (45) • 2 years to under 6 years (45)
Kaneohe	Infants: 7am-5pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (24) • 2 years to under 6 years (46)
King Street	Presch.: 7am-5:30pm	<ul style="list-style-type: none"> • 2 years to under 10 years (49)
Lahaina	Infants: 7am-5:30pm Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> • 6 weeks to under 37 months (28) • 2 years to under 10 years (48)
Maili	Infants: 7am-5:30pm Todd./Presch: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (32) • 2 years to under 6 years (43)
Makawao	Presch: 7am-5:30pm	<ul style="list-style-type: none"> • 2 years to under 10 years (33)
Maui Evangelical	Presch: 7am-5pm	<ul style="list-style-type: none"> • 2 years to under 10 years (28)
Mililani Tech Park	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 12 months to under 48 months (45) • 2 years to under 6 years (100)
Moanalua	Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 2 years to under 6 years (89)
Pearl City	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (16) • 2 years to under 6 years (54)
Piilani	Infants: 7am-5:30pm Todd./Presch.: 7am-5:30pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (14) • 2 years to under 12 years (68)
St. Mark's	Infants: 7:30am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 24 months (18) • 2 years to under 10 years (103)
St. Timothy's	Infants: 6am-5:30pm Todd./Presch.: 6am-6pm	<ul style="list-style-type: none"> • 6 weeks to under 36 months (20) • 2 years to under 10 years (88)

Please keep the below information for tax purposes

Federal ID: 99-0261935 State ID: GE-047-173-6320-01

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, the foundation on 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 five-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

All centers are open 5 days a week, Monday thru Friday. See page 3, for specific hours of operation at individual centers.

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 programs
- maintain their skills through on-going 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 see if any special activities are scheduled for that day. We want to do everything possible to help make your child's transition as smooth as possible.

TB Risk Assessment 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.

Proof of 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 1st of the month.

School Procedures

Sign-In/Out Procedures

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 teenagers 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 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 password or security question answer
- 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

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
- Call the Center to schedule a visit indicating the date/s, time/s and name of visitor
- All visitors must sign-in and sign-out at the office
- 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.) 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

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) or the Maui Police Department (MPD) for Maui residents. They may check with local hospitals and police units to determine whether you’ve had an accident. The HPD/MPD 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 a parent’s or authorized pick-up person’s condition at the time of pick-up clearly poses a threat to the child (clearly under the influence of drugs/alcohol and normal function is impaired) the child will not be released to that person. Staff will attempt to contact alternate authorized persons and may, ultimately, contact the authorities.

Non-Discrimination

Kama‘aina 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, Kama‘aina Kids will work to provide one as needed.

General Program Policies

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 not 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 outside agencies.

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

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.

General Program Policies

Your child's safety is priority in Kama'aina 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, Centers may provide a variety of walking excursions. Centers 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 other accommodations for your child will be made. Centers will also bring in outside resources, (plays, concerts, etc.). Please check with your Center Director for more information that may be Site specific.

Fundraising

An annual Preschool Division Fundraiser is conducted to help support Center based projects and our scholarship/ tuition aid program. Your participation is expected either in selling of tickets or making a donation.

If you prefer not to participate in sales for this preschool fundraiser, please complete the "Fundraiser Opt-Out/ Donation Form" included in the registration packet. You can also get one from your Center Director. Any fundraising efforts will not exploit children or staff or be detrimental to the children or program.

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.27). We may require up to ten working days to process your request.

Continuity of Care

We strive to provide consistency of care by having qualified staff working set schedules with their assigned groups of children. Our classroom/group sizes comply with or are better than those allowed by state licensing regulations. (Regulations allow for 4 yr olds to be at a ratio of 1 adult per 16 children, 3 yr. olds at 1 adult to 12 children, 2 yr. olds at 1 adult to 8 children ratio, toddlers at 1 adult to 5 children and infants at a 1 adult to 4 children ratio)

General Program Policies

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

Kama'aina 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 moved together or in some cases separated.

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 1-2 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 events, which may include potlucks or workdays.

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 inform you of any unusual situation that may have occurred with your child that day that you should be aware of, or to get your help dealing with behaviors of concerns. A signed copy is kept on file at the center.

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 upon the child's arrival, a staff 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 childcare 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, complaints 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.

Health Policies

CHILDREN MUST STAY HOME IF THEY HAVE THE FOLLOWING SYMPTOMS AND MAY RETURN ACCORDING TO OUR 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 (e.g., 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 DTaP 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 DTaP 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 or 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 and that the child is not contagious. 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 childcare program.

Health Policies

4) VOMITTING

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

5) UNDIAGNOSED RASH/BLISTERS

After parent/teacher/director discussion, the child may be able to 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.

REMINDER: 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 regulations, 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:

Health Policies

- Only medications prescribed by a licensed physician may be administered
- 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 administering.
- 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 upon entering the classroom, after toileting or diapering, before eating food, after caring for sick child, after touching trash, after blowing noses, coughing, or sneezing, before and after treating an injury, 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.

We ask for your help in having your child wash their hands upon entering the classroom.

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.

Health Policies

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 for employers, we will follow these procedures in administering first aid to your child when there is a risk of exposure to blood:

- 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-

Health Policies

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.

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 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 form.

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.

Food Service

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.

Infant Feeding

Kama‘aina 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 childcare 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 (U.S.D.A). 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 1st 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 1st 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 1st 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 1st 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 1st 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

Aloha United Way

Other School Fees

Non-Refundable 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.

Non-Refundable One-Time Registration Fee

This non-refundable fee is due at registration and is required of all new children as well as those who disenroll and return. It covers processing costs. This fee can also serve as your deposit to secure your child's space for the future start.

Deposit

This non-refundable deposit secures your child's space for a future start date. This deposit will be applied toward your child's registration and 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 1st 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 have 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 is 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 childcare 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

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

Calvary
45-435 Aumoku Street
Kaneohe HI 96744
Ph/Fax: 235-4833/ 247-3131

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/Fax: 599-2807/ 599-5752

Hawaii Kai
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