

Palapala Kāinoa Kula 'Auinalā

Ke Kula 'O Nāwahīokalani'ōpu'u Iki
16-120 'Ōpūkaha'ia St, Kea'au, HI 96749
Ke'ena: (808)982-4260
Kula 'Auinalā: (808)982-3115

FAMILY NAME: _____

SCHOOL YEAR: 2017-2018

- 1) Student name: _____ Birthdate: _____ Grade: _____
this student will be in Kula 'Auinalā on the following days Mon. Tu. Wed. Thurs. Fri

- 2) Student name: _____ Birthdate: _____ Grade: _____
this student will be in Kula 'Auinalā on the following days Mon. Tu. Wed. Thurs. Fri

- 3) Student name: _____ Birthdate: _____ Grade: _____
this student will be in Kula 'Auinalā on the following days Mon. Tu. Wed. Thurs. Fri

PARENT INFORMATION:

MOTHER NAME: _____
(First) (M.I.) (Last)

MOTHER CONTACT INFORMATION: _____, _____, _____
(Home) (Cell) (Work)

Email: _____

FATHER NAME: _____
(First) (M.I.) (Last)

FATHER CONTACT INFORMATION: _____, _____, _____
(Home) (Cell) (Work)

Email: _____

List below the people who will be authorized to pick up your child(ren) from the facility and their phone numbers. Your child(ren) will NOT be allowed to leave the premises with anyone who is not listed below.

NAME	RELATIONSHIP	PHONE NUMBER

Any changes to authorization list MUST be made in writing from a parent/ guardian.

'AELIKE PAPA HANA

Kula 'Auinalā is a program runned by Nāwahī, requiring students to follow the same rules and guidelines as during the regular school hours. These include:

- *arrival in a timely manner
- *being prepared with ha'awina
- *respecting kumu & staff
- *'Ōlelo Hawai'i wale nō
- *no wandering
- *wearing school uniform
- *no free use of electronics (ipods / cell phones)
- *no bullying

*** All contrabands are prohibited at Kula 'Auinalā. Kula 'Auinalā will not be responsible for any broken, stolen or lost contraband items. These items consist of:**

Ipod Ipads Cellphone Kendamas Weapons Personal items

DAILY SIGN OUT

Daily sign out is required and ensures the safety and well being of your child(ren). Only preauthorized people will be allowed to pick up your child(ren).

If the list of people authorized to pick up your child(ren) change, a hand written letter shall be given in to Kula 'Auinalā stating the names of people (first and last) followed by their contact information.

Removing person from the authorized pick up list requires proper documentation to be submitted and approved at school office.

In an effort to improve school security, please communicate your child's absence from Kula 'Auinalā with the school office by 2:30pm, Mon-Thurs and 1:00pm, Fri.

FEES

\$60 month/ 1 child

\$110 month / 2 children

\$165 month / 3 children

\$25 month/child (with documentation of Free or Reduced Lunch status)

It is a flat monthly fee. NO refunds or prorated charges will be issued. Snacks included.

*Tuition payments are due before or on the **15th of each month**. August 2017 - May 2018.

*A **\$25** service charge will be assessed on any **returned checks**.

*A **\$10** late charge per child will be assessed on all **late payments** received after the 15th of every month .

*A **\$1 / 1 min** late charge will be assessed per child for **every minute your child(ren) have not been picked up passed closing time**. *ex. pick up @ 6pm = \$30 late fee assessment per child.*

***Accumulated fees from the previous month will be billed the following month.**

***All balances MUST be cleared to register / transfer your child for the upcoming school year.**

PROGRAM WITHDRAWAL

The child release form must be filled out and signed.

A bill will be issued for that month.

If you pull your child out of Kula 'Auinalā, he / she must be picked up from campus by 3:15pm.

Failure to do so will result in a \$5/day/child Kula 'Auinalā attendance fee

MISCELLANEOUS

Kula 'Auinalā DOES NOT operate on Non-school days

Possible emergency closures include inclement weather, campus closure, or special school scheduling.

If a medical emergency arises, every effort will be made to contact you or your child's emergency contacts. Every attempt to provide appropriate medical attention will be made, including requesting emergency services and transportation to the nearest medical facility, if warranted. Parents are financially responsible for any charges incurred.

I understand and agree to abide by the above parental responsibilities and billing procedures.

Parent/ Guardina Name

Signature

Date