

Other schools attended: _____

Other sibling (s) who attended Alphetland: _____

Other sibling (s) in the family:

| Name | Age | School |
|----------|-----|--------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Who will bring the child? _____ Expected time of arrival each day: _____

Who will pick up the child? _____ Expected time of pick up each day: _____

**** If either parent is not authorized to pick up, the school must be notified in writing ****

Persons authorized to pick up child other than parents: **(Must be at least 18 years old)**

| Name | Address | Phone |
|----------|---------|-------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Starting date: (example: summer 6/18 or Fall 8/01) _____

Preferred location: (example 1 choice, 2 choice)

Waipahu _____ Pearl City _____ Newtown _____

I am applying to Alphetland Preschool LLC and hereby signify my acceptance of the registration procedure and registration form by my signature below:

Parent's or Guardian's Signature

Date

Print Name of Parent or Guardian

ALPHABETLAND PRESCHOOL LLC
94-069 Waipahu Street Waipahu, HI 96797

EMERGENCY FORM 2018-19

Student's Name: _____

Address: _____ Last _____ First _____ Telephone: _____

Emergency References: List two relatives, friends or neighbors who will assume temporary responsibility and care of your child if you cannot be reached.

1. Name _____ Cell#: _____
Address: _____ Bus.#: _____
Relationship: _____ Home#: _____

2. Name _____ Cell#: _____
Address: _____ Bus.#: _____
Relationship: _____ Home#: _____

Family Doctor: _____

Address: _____

Office Telephone: _____ Physician's Exchange: _____

Is your child allergic to any foods? **If "yes", list foods and please get a doctor's note to verify this.**

Does your child have any special medical problems? If "yes", please write a brief description and indicate if your child is receiving special medication(s).

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If immediate attention is required, the school may make whatever arrangements necessary.

Signature of Parent or Guardian

Date

ALPHABETLAND PRESCHOOL LLC

94-069 Waipahu Street Waipahu, HI 96797

Waipahu *** Pearl City *** Newtown

CHECKLIST FOR SCHOOL

Name: _____ Date _____

- _____ Alphabetland Registration Sheet
- _____ Emergency Information
- _____ Health Form #14 - Available at your child's doctor's office. Your child will not be able to attend without this form.
- _____ Form DHS 908 - Early Childhood Pre-K Health Record Supplement - Form available at the school
- _____ 2 sets of extra change of clothing (including underwear) in a container (shoebox size) marked with your child's full name
- _____ Painting smock
- _____ Sleeping mat (blanket or towel acceptable). No slumber bags or bulky folding mats. Mats must be able to fit in cubby hole.

Please mark all clothing and child's belongings with full name.

If there are any changes in address or telephone numbers, please inform the office immediately.

Please make sure to fill out the "Permission to Participate in Program Activities and Receive Emergency Medical Care" form and the field trip permission slip as soon as your child starts school. Forms are available in the office or you can ask your child's teacher.

When all items on this checklist have been brought to school, please return this form to the office for filing.

When leaving the school, be sure to take all of your child's personal belongings with you. The health form may be picked up in the office. We will not be responsible for any items left.

ALPHABETLAND PRESCHOOL LLC

Waipahu – Pearl City – Newtown

REGISTRATION PROCEDURES

- | | | MONTHLY FEES | |
|--|------------------------------|-----------------------|-----------------|
| 1. Tuition and Child Care Fees:* (Effective 08/01/18) | | <u>Ages 3 & 4</u> | <u>Age 2**</u> |
| A. Full Day Program | One child | \$910.00 | \$945.00 |
| 6:00 AM – 5:30 PM | Each additional child | \$810.00 | \$845.00 |
| Includes breakfast snack, lunch & PM snack | | | |
| NOTE: Second child rate does not apply to people receiving tuition assistance. | | | |
| B. Late Charges - \$3.00 per minute (based on school's clock) is charged for any child left beyond 5:30 PM. There will be no grace period. Late pickups after 6:00 PM will be charged \$6.00 per minute. Late pickup is discouraged for health and safety reasons. This charge is payable when incurred. Repeated late pickups will necessitate disenrollment of the student to protect the school and its employees from liability. | | | |
| * This schedule of fees is subject to periodic change due to increases in Alphabetland Preschool LLC's costs. | | | |
| ** Alphabetland Preschool LLC accepts 2 year olds only at our Waipahu and Pearl City branches. | | | |
2. The registration fee of \$75.00 per child must be paid with every registration form. This fee is not refundable.
NOTE: When enrollment is full and there are no immediate openings expected in the near future, the applicant may be placed on the waiting list without paying the registration fee.
 3. Bring the completed application and the \$75.00 registration fee to any of our branches or mail it to Alphabetland Preschool LLC, 94-069 Waipahu Street, Waipahu, Hawaii 96797.
 4. Shortly after your application has been received, you will be notified of your child's acceptance. At this time, a \$225.00 comprehensive fee will be due. The comprehensive fee is for all books, paper, paste, crayons, scissors, etc. that Alphabetland Preschool LLC will provide throughout the school year. Please pay this comprehensive fee within two (2) weeks from the date of notification. If the comprehensive fee is not paid, the applicant will be placed on the waiting list.
 5. Registration fees and comprehensive fees, once accepted in "good faith", will not be refunded even though the applicant decides not to attend or drops out.

Initial

6.
 - A. Although registration is for the full calendar year, Alphabetland Preschool LLC's tuition fees will be paid on a monthly basis. Tuition and child care payments are due and payable on the 1st day of each month in full. Accounts unpaid by the 5th day of each month are delinquent. Late payments made after the 10th day will be assessed a late fee of \$50.00 and must be paid in cash or money order. Delinquent accounts after the 15th of the month will result in the student's disenrollment. Re-enrollment is then on a space available basis provided past due balances are paid.
 - B. Registration to Alphabetland Preschool LLC holds your child's spot for the full calendar year according to the State of Hawaii licensing. Thus, monthly tuition is due unless 30 day written notice is given to Alphabetland Preschool LLC for withdrawal from school.
 - C. A \$20.00 charge will be assessed on all return checks. Dishonored (bounced) checks may not be redeposited. Customers are asked to redeem bounced checks in cash or money order as soon as possible. If a dishonored check is not redeemed by the 10th of the month, an additional \$50 late payment fee will be assessed.
 - D. For the 2018-19 school year, the following per day rate will be used to calculate prorated tuition:
Full Day for (3 & 4 Yr Olds) -\$46.00 / day Full Day for (2 Yr Olds) -\$48.00 / day
 - E. NO REFUNDS OR PRORATIONS WILL BE GIVEN FOR ABSENCES FROM ALPHABETLAND PRESCHOOL LLC. NO REFUNDS OR CREDITS WILL BE GIVEN FOR WITHDRAWS UNLESS 30 DAYS WRITTEN NOTICE IS GIVEN. MAXIMUM REFUND OR CREDITS WILL BE AT THE RATE OF ½ THE MONTHLY CHARGE. NO REFUNDS OR CREDITS WILL BE GIVEN FOR SCHOOL HOLIDAYS OR VACATION PERIODS INCLUDING CHRISTMAS VACATION AND SPRING VACATION.**
 - F. Students entering at times after the fifth (5th) of the month may have their initial month's tuition prorated. However, if the student's space is reserved or held, the full tuition will be due from the date the space is reserved.
 - G. The summer session may be prorated with proper 30 day written notice of withdrawal date.
7. There will be no request for teachers. Children will be placed into classes by lottery in order to be fair to everyone.

Initial

8. Alphabetland Preschool LLC reserves the right to deny admission or to dismiss a child for any reason that we feel is in the best interest of the school including conflicts of interest, unresolved disputes, potential liabilities and confrontational disagreements. This is to ensure the protection of the health, welfare and safety of the other children and school staff. Furthermore, Alphabetland Preschool LLC's shall have the right in its sole discretion to terminate the privilege of attendance of any student if the student, parent, guardian or other family associate engages in or exhibits abusive, rude, hostile, disruptive, aggressive, intimidating, annoying or harassing behavior. Any decision by Alphabetland Preschool LLC to dismiss a student shall be deemed final and non-appealable. Dismissal means immediate separation from the school.

9. Person(s) responsible for the tuition payment: _____

NOTE: If person(s) responsible for the tuition payment is not the parent or guardian, please sign and date below.

Signature

Date

Print Name

10. I have read the foregoing and hereby signify my acceptance of these policies by my signature below:

Parent's or Guardian's Signature

Date

Print Name of Parent or Guardian

Sign and initial both copies. Attach 1 copy to your registration. Keep 1 copy for your information and records. Alphabetland Preschool LLC thanks you for your interest in our child care business.