

ALPHABETLAND PRESCHOOL LLC

Waipahu – Pearl City – Newtown

Dear Parents,

Alphabetland Preschool LLC is now accepting registration for the 2022 summer session which starts on June 20th, 2022 and for the 2022-23 school year which starts on August 1st, 2022.

Alphabetland is not only a day care center but a school as well. All teachers and aides are highly qualified and licensed to teach and work with young children. We believe that children at this age are ready and eager to learn and can be taught basic developmental concepts. We offer a child development curriculum that includes not only academics, but music, singing, rhythms, art, games, creative movement, creative drama, dancing, physical coordination and field trips (when allowed by state licensing).

The students are exposed to multi-sensory instruction (auditory, visual, kinesthetic, tactile, etc.), hands-on learning (manipulating objects), critical thinking (learning to think for themselves), co-operative learning (working in small groups) and differentiated instructions (meeting students' needs through flexible grouping, learning styles and academic strengths).

We strive to offer a well-rounded program that helps your child in his or her social, emotional, intellectual and physical development so that they will become well-rounded, self-directed life-long learners. In addition, Alphabetland instills basic core values within our curriculum such as love, respect, and self-esteem for others and yourself. Overall, parents can feel confident that their child is developing a solid foundation with good core values and the education that is needed for a bright future in a safe and nurturing environment.

Pre-Kindergarten (4 Year Olds)

The prekindergarten (4 year old) classes will continue to use Alphaphonics as their main language arts program with Open Court and the SRA Beginning to Learn Kit as a supplement. In the area of mathematics, we will be using a variety of math materials including worksheets, learning games and other math manipulatives.

The 4 year olds will also participate in learning centers which include games and puzzles that help strengthen reading and math skills. Some of these include Tangrams, memory games, and Smart Games which is an award-winning brain game company that promotes spatial insight and logical reasoning.

The 4 year olds will be introduced to smart tablets. They will be using the Core Lexia Reading Program which provides personalized learning on fundamental literacy skills. They will also be using the IXL which is an on-line math program that motivates students through interactive games and exercises.

Lastly, at the prekindergarten level, we have planned trips (when allowed by state licensing) to the fire station, Aquarium, Zoo, Aloun Farm and the Planetarium. We feature several puppet and in-house shows (When allowed due to COVID) during the year. It is a program that is both enjoyable and educational. Our children are well prepared when they enter kindergarten.

In addition, for those who are late born or academically ready, the teachers are prepared to implement differentiated teaching. Alphetland will offer those that are ready a kindergarten curriculum supplement.

3 Year Olds

The 3 year old classes will receive a basic reading readiness program in addition to Alpha Phonics. This program teaches number and alphabet concepts with pictures, stories and oral classroom discussions led by the teacher. The 3 year olds will also be learning math skills such as counting by ones, fives and tens, number recognition, measurement, geometry, sorting and patterns. They will be using various math manipulatives to help develop conceptual understanding in math.

Social development is emphasized the first semester. Other features of the program are the development of small and large muscle coordination, art, music, dramatic play and creative movement. Field trips will be offered primarily during the second semester (when allowed by state licensing).

Nursery (2 Year Olds)

Our 2 year old program uses the "Just for Two" program which is specifically planned to meet their developmental needs. We will also emphasize social development and verbal skills. Children will have the opportunity to develop large as well as small muscle coordination through music, art and outside/indoor playtime. The 2 year old program is offered at the Waipahu and Pearl City branches only.

If you wish to take advantage of Alphetland's excellent preschool and child care program for your child, please fill out the registration form and mail it to our Waipahu office at 94-069 Waipahu Street, Waipahu, Hawaii, 96797 or drop it off at any of our branches with the \$75.00 registration fee. Checks or money order should be made payable to Alphetland Preschool LLC. **Cash will NOT be accepted except at Waipahu office.** Please return your registration form by 5:00 PM on Monday, January 31st, 2022. After January 31st, registration will be on a first come, first served basis. **Please read the "Registration Procedures" very, very carefully so that there will be no misunderstanding or disappointments later.**

If you have any questions regarding registration, please call the main office at (808) 677-8009. We will be more than happy to assist you.

ALPHABETLAND PRESCHOOL LLC

Waipahu – Pearl City – Newtown

REGISTRATION PROCEDURES

1. Tuition and Child Care Fees:* (Effective 08/01/22) MONTHLY FEES

A. Full Day 6:00 AM – 5:30 PM (Waipahu & Pearl City Locations)	One child	<u>Ages 3 & 4*</u> \$ 990.00	<u>Age 2**</u> \$1025.00
(Newtown Location)	Each additional child	1090.00	\$100 off

Tuition 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.

Initial

5. Registration fees and comprehensive fees, once accepted are considered to be earned and will not be refunded.
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 returned 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 2022-23 school year, the following per day rate will be used to calculate prorated tuition:
- (Waipahu & Pearl City): (3 & 4 Yr Olds) - \$50.00 / day & (2 Yr Olds) - \$52.00 / day
(Newtown Location): (3 & 4 Yr Olds) - \$55.00/ day
- E. **NO REFUNDS OR PRORATIONS WILL BE GIVEN FOR ABSENCES FROM ALPHABETLAND PRESCHOOL LLC. NO REFUNDS OR CREDITS WILL BE GIVEN FOR WITHDRAWALS 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 a proper 30 day written notice of a 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.

8. Alphetland 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, Alphetland 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 Alphetland 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. Alphetland Preschool LLC thanks you for your interest in our child care business.

8. Alphetland 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, Alphetland 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 Alphetland 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. Alphetland Preschool LLC thanks you for your interest in our child care business.



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

For Office Use

Reg. Fee _____

Date _____

REGISTRATION FORM 2022-23

Child's Name: _____ Nickname: _____ Boy _____ Girl _____
Last First

Address: _____ Phone: _____
No. Street City Zip Code

Mailing Address: (If different from above) _____

Date of Birth: _____ Place of Birth: _____

Parent's Name: _____ Cell Number: _____

Home Address: _____ Home Number: _____

Employer / Occupation: _____ Bus. Number: _____

Business Address: _____ Working Hrs: _____ to _____

Parent's Name: _____ Cell Number: _____

Home Address: _____ Home Number: _____

Employer / Occupation: _____ Bus. Number: _____

Business Address: _____ Working Hrs: _____ to _____

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

If divorced, separated or single, who does the child live with? _____

Who has legal custody? _____ (Please provide legal documents)

Other schools attended: _____

Other sibling(s) who attended Alphabetland: _____

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 6/20 or Fall 8/01)

Preferred location: (example: 1st choice, 2nd choice)

Waipahu _____ Pearl City _____ Newtown _____

NOTE: Newtown Lease is currently in negotiations

I am applying to Alphabetland 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 2022-23

Student's Name: _____

Last

First

Address: _____ 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 for verification**

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

The registration deadline for all branches of Alphetland Preschool LLCs will be Monday, **January 31st, 2022**. All registration with the \$75.00 registration fee must be in by January 31st to be considered for acceptance. We are no longer on a “first come, first served” basis. You may either mail your application to our Waipahu office at 94-069 Waipahu Street, Waipahu, Hawaii 96797 or drop it off at any of our branches. Walk in registration must be in by 5:00 PM on January 31st, 2022. Check or money order should be made payable to Alphetland Preschool LLC. Cash will not be accepted.

Applications received by 5:00 PM Monday, January 31st, 2022, will be accepted using the following priority list.

Priority List:

- 1) Transfer Students – Students who are currently attending Alphetland, but would like to transfer to another branch for the new school year.
- 2) Siblings who currently attend or attended in the past.

Names	Date(s) attended	Branch

- 3) Alphetland Preschool LLC (Newtown location only)
Children must reside in Newtown to get priority. Parents of Newtown applicants must be members of the Newtown Estates Community Association.

Name of Parent _____

Address _____

- 4) Alumni – Parent(s) who attended Alphetland

Name _____

Date(s) attended
Alphetland _____ Branch _____

After the priority applicants are accepted, a lottery will be held for the remaining available spaces. We will then inform you by mail if you have been accepted or not. Every effort will be made to process your application in a timely manner. **If we are unable to enroll your child, your registration fee will be refunded.**

Alphetland Preschool LLC reserves the right to exercise sole discretion to resolve any errors or disputes.

Child’s Name _____ Waipahu ___ Pearl City ___ Newtown ___

IMPORTANT: Please return this page with your application if applicable

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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To be used as part of a cover letter to the preschool, parent or physician.

The purpose of the Hawaii Department of Human Services (DHS) Early Childhood Pre-K Health Record Supplement (EC-Pre-K HRS) is to provide developmentally appropriate information on the child's health, growth and developmental status for (Pre) school entry. The EC-Pre-K HRS is to be used in conjunction with the Hawaii Department of Education (DOE), Student's Health Record Form 14 2010.

The DHS EC Pre-K Health Record can be downloaded from the Hawaii Department of Human Services website, <http://humanservices.hawaii.gov/> and search for Form 908. The DOE Student Health Record Form 14 can be downloaded at Department of Education website: <http://www.hawaiipublicschools.org/Pages/home.aspx>, click on Parents and Students, click on Enrolling in School, click on How to Enroll, look for Related Downloads and click on Student Health Record.

The child's physician is requested to complete the DOE Student Health Record Form 14 and DHS EC Pre-K Health Record Supplement. The following are directions for completing the DHS EC Pre-K Health Record Supplement.

SPECIAL CARE PLAN FOR A CHILD WITH ALLERGY

CHILD'S NAME: _____ Date of Birth: _____

FACILITY NAME: _____

Parent(s) or Guardian(s) Name: _____

Emergency Phone Numbers: Mother _____ Father _____

Primary Health Provider Name: _____ Emergency Phone: _____

Specialist's Name (if any): _____ Emergency Phone: _____

Description of Allergy: _____

Describe what signs/or symptom look like: _____

Describe known triggers: _____

Describe treatment: _____

Possible side effects: i.e.: no peanut products allowed

Program modification: _____

When to call parent/health provider regarding symptoms or failure to respond to treatment:

When to consider what condition requires urgent care or reassessment: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____



TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 2/10/17 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

Screening for schools, child care facilities or food handlers (<i>TB Document A or E</i>)
<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> Positive test for TB infection, and negative chest X-ray

Initial Screening for health care facilities or residential care settings (<i>TB Document B or C</i>)
<input type="checkbox"/> Negative test for TB infection (2-step)
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, negative CXR within previous 12 months, and negative symptom screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Annual Screening for Health care facilities or residential care settings (<i>TB Document D</i>)
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, and negative symptoms screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.