

CALVARY CHAPEL CHRISTIAN PRESCHOOL APPLICATION FOR ADMISSION CHECKLIST

Please include a non-refundable Application Fee of \$50.00, paid by check or money order with your completed application. Checks made payable to Calvary Chapel of Honolulu. Once completed, please return to Calvary Chapel Christian Preschool, 98-1016 Komo Mai Drive, Aiea, HI 96701. If you have any questions feel free to call us at 275-5163.

Upon enrollment please provide us with a copy of the following:

- Birth Certificate (One per child)
- Student Health Form (Form 14)
- DHS 908-Early Childhood Pre-K Health Record Supplement
- TB Clearance

CALVARY CHAPEL CHRISTIAN PRESCHOOL
A Ministry of Calvary Chapel Honolulu
 Application for Admission

FOR OFFICE USE ONLY	
DATE RECVD _____	
REG PAID _____	
CHECK NO. _____	
START DATE _____	
Hours _____	

A. CHILD INFORMATION

Name of Child (Last, First, Middle Initials)		Preferred Name:	Social Security Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Phone
Home Address:			
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian(s)			
Who has legal custody of the child: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian(s)			

B. PARENT INFORMATION

Father/Guardian Information		Mother/Guardian Information	
Father/Guardian's Name (Last, First)		Mother/Guardian's Name (Last, First)	
Date of Birth	Social Security Number	Date of Birth	Social Security Number
Home Address (if different)		Home Address (if different)	
City/State	Zip Code	City/State	Zip Code
Home Phone	Cell Phone	Home Phone	Cell Phone
E mail Address		E mail Address	
Employer		Employer	
Work Phone	Occupation	Work Phone	Occupation
Employer's Address (Include Zip Code)		Employer's Address (Include Zip Code)	
If Self-employed, Type of Business		If Self-employed, Type of Business	

C. EMERGENCY INFORMATION

Contacts (persons to contact in an emergency when a parent cannot be reached):

Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone

Authorization to Pick-up other than parent(s) or Guardian(s) (persons authorized to pick up your child must be 18 yrs of age or older):

Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone

Physician Information		
Physician's Name	Name of Clinic/Hospital	Phone
Insurance:		Policy No.

In the event of injury, I hereby give permission to the staff of Calvary Chapel Christian Preschool to administer first aid to my child. I also give consent to have my child taken for treatment at the nearest emergency room when deemed necessary. I agree to pay for all authorize emergency care or pick-up my child from Calvary Chapel Christian Preschool.

FATHER/GUARDIAN SIGNATURE: _____ DATE: _____

MOTHER/GUARDIAN SIGNATURE: _____ DATE: _____

D. CHILD BACKGROUND INFORMATION

Has your child attended preschool before? _____ Yes _____ No If yes, where? _____

What are your child's favorite toys? _____

Does your child have fears? _____ If yes, give details _____

Do you consider your child: _____ easy to manage _____ hard to manage

Does your child prefer to play: _____ alone _____ with siblings _____ with adults _____ with older children _____ with peers

Primary language spoken at home _____

How is discipline handled at home? _____

Please share your child's strength(s) and areas of need.

How did you hear about Calvary Chapel Preschool? _____

In the space below, please share any additional information about your child or family.

CALVARY CHAPEL CHRISTIAN PRESCHOOL

Fees, Tuition and Additional Expenses

FEES (All fees are non-refundable)

• Application Fee	• \$50.00
• Comprehensive Fee	• \$275.00

TUITION

School Year September-May

	Annual
8a.m.-3p.m. (includes morning snack)	\$5300.00
7a.m.-3p.m. (includes early morning childcare and snack)	\$5700.00
8a.m.-5:30p.m. (includes A.M. & P.M. snacks and afternoon childcare)	\$6200.00
7a.m.-5:30p.m. (includes A.M. & P.M. snacks and childcare)	\$6500.00
Before (7a.m.-8a.m.) and After (3p.m.-5:30p.m.) Preschool Childcare	\$10.00/hour or a fraction thereof

TUITION DISCOUNTS

***First Child	Three percent (3%) discount if tuition is PAID IN FULL (one child only).
2nd and subsequent children	\$300.00 discount per child (Available to immediate family member only – natural birth, adopted, or under legal guardianship).

SUMMER SCHOOL PROGRAM

• Summer School Program	<ul style="list-style-type: none"> • 8am-3pm \$800.00 • 7am-3pm \$850.00
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ADDITIONAL EXPENSES

T-Shirt for Excursions	\$15.00 + for one t-shirt
Late Pick-up of Child	Each 5 minutes after 5:30p.m. will be \$10.00
Hot Lunch (optional)	Parents can choose to purchase lunch through our outside catering provider. Meal prices subject to change.
School Pictures	Depending on the package; Provider: Life Touch
Miscellaneous	There will be a \$30.00 charge for all checks returned NSF, and for other late charges.

CALVARY CHAPEL CHRISTIAN PRESCHOOL

Tuition Payment Options

***No portion of tuition or fees or charges paid or outstanding will be refunded or cancelled in the event of a student's absence, withdrawal or dismissal from Calvary Chapel Christian Preschool.

<p>PAID IN FULL</p> <p>Check paid directly to Calvary Chapel Christian Preschool. Check payable to: Calvary Chapel of Honolulu</p>	<p style="text-align: center;">Annual</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 50%;">8:00am-3:00pm</td><td style="width: 50%; text-align: right;">\$5300.00</td></tr> <tr><td>7:00am-3:00pm</td><td style="text-align: right;">\$5700.00</td></tr> <tr><td>8:00am-5:30pm</td><td style="text-align: right;">\$6200.00</td></tr> <tr><td>7:00am-5:30pm</td><td style="text-align: right;">\$6500.00</td></tr> </tbody> </table> <p style="text-align: center;">Three percent (3%) discount if tuition is PAID IN FULL at the time of signing the contract (one child only). This discount is not available after August 17, 2023.</p>	8:00am-3:00pm	\$5300.00	7:00am-3:00pm	\$5700.00	8:00am-5:30pm	\$6200.00	7:00am-5:30pm	\$6500.00
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<p>SEMI-ANNUAL OPTION</p> <p>Payment paid by electronic deduction through HiMama (\$50.00 administrative fee required)</p>	<p style="text-align: center;">Two payments to be paid on September 1st and January 1st</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 50%;">8:00am-3:00pm</td><td style="width: 50%;">Two payments of \$2650.00 each</td></tr> <tr><td>7:00am-3:00pm</td><td>Two payments of \$2850.00 each</td></tr> <tr><td>8:00am-5:30pm</td><td>Two payments of \$3100.00 each</td></tr> <tr><td>7:00am-5:30pm</td><td>Two payments of \$3250.00 each</td></tr> </tbody> </table>	8:00am-3:00pm	Two payments of \$2650.00 each	7:00am-3:00pm	Two payments of \$2850.00 each	8:00am-5:30pm	Two payments of \$3100.00 each	7:00am-5:30pm	Two payments of \$3250.00 each
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<p>QUARTERLY OPTION</p> <p>Payment paid by electronic deduction through HiMama (\$50.00 administrative fee required)</p>	<p style="text-align: center;">Four payments to be paid on September 1st, November 1st, February 1st, and May 1st</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 50%;">8:00am-3:00pm</td><td style="width: 50%;">Four payments of \$1325.00 each</td></tr> <tr><td>7:00am-3:00pm</td><td>Four payments of \$1425.00 each</td></tr> <tr><td>8:00am-5:30pm</td><td>Four payments of \$1550.00 each</td></tr> <tr><td>7:00am-5:30pm</td><td>Four payments of \$1625.00 each</td></tr> </tbody> </table>	8:00am-3:00pm	Four payments of \$1325.00 each	7:00am-3:00pm	Four payments of \$1425.00 each	8:00am-5:30pm	Four payments of \$1550.00 each	7:00am-5:30pm	Four payments of \$1625.00 each
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<p>NINE MONTH OPTION</p> <p>Payment paid by electronic deduction through HiMama (\$50.00 administrative fee required)</p>	<p style="text-align: center;">Nine payments to be paid starting in September</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 50%;">8:00am-3:00pm</td><td style="width: 50%;">Nine payments of \$588.88 each</td></tr> <tr><td>7:00am-3:00pm</td><td>Nine payments of \$633.33 each</td></tr> <tr><td>8:00am-5:30pm</td><td>Nine payments of \$688.88 each</td></tr> <tr><td>7:00am-5:30pm</td><td>Nine payments of \$722.22 each</td></tr> </tbody> </table>	8:00am-3:00pm	Nine payments of \$588.88 each	7:00am-3:00pm	Nine payments of \$633.33 each	8:00am-5:30pm	Nine payments of \$688.88 each	7:00am-5:30pm	Nine payments of \$722.22 each
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<p>TWELVE MONTH OPTION</p> <p>Payment paid by electronic deduction through HiMama (\$50.00 administrative fee required)</p>	<p style="text-align: center;">Twelve payments to be paid starting in August</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 50%;">8:00am-3:00pm</td><td style="width: 50%;">Twelve payments of \$441.66 each</td></tr> <tr><td>7:00am-3:00pm</td><td>Twelve payments of \$475.00 each</td></tr> <tr><td>8:00am-5:30pm</td><td>Twelve payments of \$516.66 each</td></tr> <tr><td>7:00am-5:30pm</td><td>Twelve payments of \$541.66 each</td></tr> </tbody> </table>	8:00am-3:00pm	Twelve payments of \$441.66 each	7:00am-3:00pm	Twelve payments of \$475.00 each	8:00am-5:30pm	Twelve payments of \$516.66 each	7:00am-5:30pm	Twelve payments of \$541.66 each
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