Kula Kamaliʻi O Hiʻikeakaikamālama

Aloha,

Mahalo for your interest in Kula Kamaliʻi O Hiʻikeakaikamālama. We welcome children between three years of age and the age of compulsory school attendance that are able to take care of their own toileting needs. There is a registration fee of $125.00 due with the first month’s tuition. Monthly tuition is $475.00. Please find enclosed the online application packet, which includes the required forms and program information:

- Kula Kamaliʻi O Hiʻikeakaikamālama Brochure
- Kula Kamaliʻi O Hiʻikeakaikamālama Application
- Authorization to Pick Up Form
- EKF Release of Indemnity Form
- Parent Talent Survey

In addition to the application packet forms, there is a Student Health Record and Emergency Card that can be obtained from the school. All forms must be fully completed and returned to Kula Kamaliʻi O Hiʻikeakaikamālama; you may review and keep for your records the Kula Kamaliʻi O Hiʻikeakaikamālama Brochure. We are also requesting that a copy of your child’s birth certificate be kept on file as proof of age.

The following must be completed by a licensed physician or health clinic and returned to the Kula Kamaliʻi O Hiʻikeakaikamālama office:
- The Student Health Record (DOE Form 14)
- A Tuberculin Clearance Card for the Student

You will need to bring the following items for each child that you enroll in the program:
1. TWO (2) COMPLETE changes of clothes in a plastic bag with your child’s name on each piece of clothing
2. One pair of rubber slippers to be kept in cubby for fire drill
3. A sleeping bag or blanket with your child’s name on it
4. Four (4) toothbrushes with your child’s name on them
5. One tube of children’s toothpaste
6. One pair of tabis/reef walkers
7. One pair of gardening gloves

Should you have any questions please feel free to contact us at the number above.

Mahalo nui.
Edith Kanakaʻole Foundation

The Edith Kanakaʻole Foundation is a culturally driven organization established by the offspring of the late Luka & Edith Kanakaʻole. The foundation serves to perpetuate the teachings, beliefs, practices, philosophy and traditions of Edith Kanakaʻole. This is accomplished through the many activities and functions of the Foundation, which includes Hālau o Kekuhi, Kula Kamaliʻi o Hiʻikeakaikamālāma and Pa-pakū Makawai.
Kula Kamali‘i o Hi‘ikeakaikamālama

Kula Kamali‘i o Hi‘ikeakaikamālama is a Hawaiian culturally based, educational program established by the Edith Kanaka’ole Foundation. We believe in a holistic approach to education: “In a learning community that is steadfastly rooted in its culture, everyone has something to learn and something to teach. Students, parents, and community are partners in the educational process and achievements of all.”

Our Goals

- Nurture the total development of the young child.
- Bridge relationships between home, school, and community.
- Strengthen Hawaiian cultural ties through music, art, language, dance, history, family, land, sea, and health.
- Utilize natural environment, cultural practitioners, and the expertise and knowledge of our elders to provide meaningful and successful learning for children and their families.

Admission Policy

We welcome children between three years of age and the age of compulsory school attendance to enroll in Kula Kamali‘i o Hi‘ikeakaikamālama. These students must also be able to care for their own toileting needs.

Applications are accepted throughout the year. They are available at the school office, you may call 961-5242 to have one mailed to you, or download at www.edithkanakaolefoundation.org.

School Hours

Monday through Friday
7:30 am to 4:30 pm

Tuition and Fees

Our monthly tuition is $475.00. A non-refundable registration fee of $125.00 is due with the first month’s tuition.

Meals and Snacks

Morning and afternoon snack is provided in compliance with state licensing standards. All children must bring a lunch from home daily.

How We Spend Our Day...

Students will have the opportunity to participate in a variety of educational, creative, fun activities each day.

Many of these include...

- Activities that help develop physical, cognitive, social, and emotional skills
- Music, song, and dance including Hawaiian songs and chants
- ‘Ōlelo No’eau discussion
- Large and small group activities
- Individual work time
- Writing activities
- Storybook time; as a group and individually
- Hawaiian word, theme, and value of the day
- Outdoor play
- Monthly field trips
- Art activities
The Kula Kamali‘i O Hi‘ikeakaikamālama is a culturally based, educational program established by the Edith Kanaka’ole Foundation. Hi‘ikeakaikamālama believes in a holistic approach to education: “In a learning community that is steadfastly rooted in its culture, everyone has something to learn and something to teach. Students, parents and community are partners in the educational process and achievements of all.”

Enrollment Eligibility: The student must be between the age of three years of age and the age of compulsory school attendance to be eligible to enroll and participate in the Hi‘ikeakaikamālama Preschool. These students must also be able to take care of own toileting needs.

**PLEASE PRINT YOUR ENTRIES LEGIBLY**

<table>
<thead>
<tr>
<th><strong>STUDENT INFORMATION:</strong></th>
<th><strong>STUDENT’S HOUSEHOLD INFORMATION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Full Legal Name:</td>
<td></td>
</tr>
<tr>
<td>Student’s Preferred Name:</td>
<td></td>
</tr>
<tr>
<td>Gender: _____ Female _____ Male Birth Date: ______________ Birth Place: __________________</td>
<td>PASSWORD: __________________</td>
</tr>
<tr>
<td>Street Address: __________________</td>
<td>Res. Phone: __________________</td>
</tr>
<tr>
<td>Mailing Address: __________________</td>
<td>Bus. Phone: __________________</td>
</tr>
<tr>
<td>Student’s Ethnicity: PLEASE LIST PERCENTAGE (100%).</td>
<td>Student resides with: □ Mother □ Father □ Guardian Guardian’s relationship to STUDENT</td>
</tr>
<tr>
<td>_____ American Indian</td>
<td>_____ Black</td>
</tr>
<tr>
<td>_____ German</td>
<td>_____ Hawaiian</td>
</tr>
<tr>
<td>_____ Micronesian</td>
<td>_____ Sāmoan</td>
</tr>
</tbody>
</table>

PARENT(S), CUSTODIAL ADULT(S), OR LEGAL GUARDIAN(S) INFORMATION:

Adult Male: __________________ Adult Female: __________________

Relationship to Student __________________ Relationship to Student __________________

Occupation: __________________ Occupation: __________________

Employer: __________________ Employer: __________________

Address: __________________ Address: __________________

Bus. Phone: ________ Cell Phone: ________ Bus. Phone: ________ Cell Phone: ________

SIZE of Family: _______ Other Adults in Home: _______ Relationship(s) to Student: __________________

Age(s) and Gender(s) of SIBLING(S): ______/____, ______/____, ______/____, ______/____, ______/____, ______/____, ______/____
### Student's Health History:

My child receives regular care for the following medical condition(s):

- [ ] No medical condition(s)  
- [ ] Yes. *Please check below*

- [ ] ADD/ADHD  
- [ ] Diabetes  
- [ ] Seizure Disorder

- [ ] Allergy-requires use of Epi Pen  
- [ ] Cardiac – Heart Disease  
- [ ] Spina Bifida

- [ ] Asthma - regular use of medication  
- [ ] Hemophilia  
- [ ] Other ________________________________

My child is allergic to: ________________________________

Describe allergic reaction ________________________________

How was situation handled ________________________________

Any medications? (Specify) ________________________________

Does your child require special accommodations in the classroom or on the school grounds? [ ] If yes, specify below:

<table>
<thead>
<tr>
<th>Condition</th>
<th>[ ] No</th>
<th>[ ] Yes</th>
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</thead>
<tbody>
<tr>
<td>Convulsions</td>
<td>____</td>
<td>No</td>
</tr>
<tr>
<td>Colds/Ear Infections</td>
<td>____</td>
<td>No</td>
</tr>
<tr>
<td>Childhood Illnesses</td>
<td>____</td>
<td>No</td>
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<tr>
<td>Other</td>
<td>____</td>
<td>No</td>
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</tbody>
</table>

### Student's Eating Habits:

Is STUDENT on any Special Diet? [ ] No [ ] Yes  Specify: ________________________________

Any Known Food Allergies? [ ] No [ ] Yes  Specify: ________________________________

STUDENT’S Appetite:  [ ] Good Eater  [ ] Picky Eater  [ ] Poor Eater

Is Student usually hungry at mealtime?  [ ] Yes  [ ] No  Between Meals?  [ ] Yes  [ ] No

Does STUDENT drink Milk? [ ] Yes  [ ] No  Sometimes  [ ] Most times

What are Student’s favorite foods?

What foods are disliked?

Does Student have any eating problems? [ ] Yes  [ ] No  Specify: ________________________________

### Student's Sleeping Habits:

Does Student take a daily nap? [ ] Yes  [ ] No  At what time of day and for how long: ________________________________

How many hours does Student usually sleep at night? ________________________________

General sleeping habits:  [ ] Good  [ ] Fair  [ ] Poor

### Student's Toilet Habits:

Is Student able to tend to own toilet needs? [ ] Yes  [ ] No  Does Student need assistance? [ ] Yes  [ ] No

What words are used for bowel movement? ________________________________
**STUDENT’S ABILITIES:**

| AGE STUDENT began to talk: | ___________Words | ____________Phrases | __________Sentences |

| Language(s) used in the Home: |

| Can STUDENT put on OWN clothing: | ____ Yes  ____ No | button: | ____ Yes  ____ No | lace: | ____ Yes  ____ No |
| socks: | ____ Yes  ____ No | belt: | ____ Yes  ____ No | zipper: | ____ Yes  ____ No |

**STUDENT’S SOCIAL RELATIONSHIPS:**

| Does STUDENT play with other children at: | ____ Home | ____ Relatives’ Homes | ____ Neighbors’ Homes | ____ Church |
| By nature, STUDENT is: | ___ Happy | ___ Friendly | ___ Shy | ___ Aggressive | ___ Withdrawn |
| Does STUDENT have a good Self-Concept? | ____ Yes  ____ No |
| What is STUDENT’S attitude toward Sibling(s)? |

| What Age Group does STUDENT prefer? | ____ Same Age | ____ Older | ____ Younger | ____ Enjoys being alone |
| How does STUDENT relate to Strangers? | ____ Openly Friendly | ____ Shy and Reserved | ____ Uneasy and Defensive |
| Is STUDENT afraid of: | Animals | ___ Yes  ____ No | Rough Children | ____ Yes  ____ No | Sirens | ___ Yes  ____ No |
| | Storms | ___ Yes  ____ No | The Dark | ___ Yes  ____ No | Thunder & Lightning | ___ Yes  ____ No |
| Does STUDENT demand a lot of Adult Attention? | ____ No  ____ Yes, explain: |

**PUBLICITY RELEASE**

Photographs, audio and/or video recordings of participants in the Kula Kamali‘i O Hi‘ikeakaimālāma may be made for use within the Edith Kanaka’ole Foundation and may be included in reports or articles about the Edith Kanaka’ole Foundation. Whenever possible, such use will be cleared with parents, but with photographs or recordings containing large groups of students or taken several years prior to the date used, clearance may be difficult to obtain.

My child’s picture and/or voice recording may be used for publications or news reports about the Edith Kanaka’ole Foundation or for educational purposes.

Date: _______________ Signature: _______________

**EMERGENCY MEDICAL REFERRAL**

I hereby grant permission to the Edith Kanaka’ole Foundation to refer my son/daughter to Dr. _______________ should injury or serious illness occur. It is understood that a conscientious effort will be made by the Kula Kamali‘i O Hi‘ikeakaimālāma staff to first contact me, my spouse, or an authorized emergency contact that I have designated, but if this is impossible, referral is to be at the discretion of the Director or any other person who is in charge during his/her absence. The expense of any service will be accepted by me.

Date: _______________ Signature: _______________
EMERGENCY HOSPITAL REFERRAL

I hereby grant permission to the Edith Kanaka‘ole Foundation to take my son/daughter to the emergency facility at
________________________________ Hospital in case of an emergency for which treatment is required at a hospital or clinic
away from the Kula Kamali‘i O Hi‘ikeakaikamālama. This shall be in effect if Dr. __________________________ cannot
be reached or if he/she instructs the Edith Kanaka‘ole Foundation to take such measures. This provision also includes my
consent for the summons of and transport by emergency medical response units and/or ambulance. The expenses of any
service will be accepted by me.

Date: __________________ Signature: __________________________________________

EXCURSION PERMIT

My child has permission to go on any excursions held during his/her enrollment at the Kula Kamali‘i O Hi‘ikeakaikamālama. I
understand that transportation may be provided by parents on a volunteer basis or on a fee basis by a commercial bus service.
This also includes supervised walks in the neighborhood vicinity of the school.

Date: __________________ Signature: __________________________________________

How did you hear about Kula Kamali‘i O Hi‘ikeakaikamālama?

The information that you have shared gives us a PROFILE of your child and helps us to plan activities that will encourage and/or reinforce
learning. Your input is valued and we appreciate your participation.

Signature of Custodial Adult Date Signature of Custodial Adult Date

Rev. 12/19/18
**Kula Kamali‘i O Hi‘ikeakaikamālālama**

**AUTHORIZATION TO PICK UP**

**Student Name:** ____________________________

I/We authorize the people listed below to drop off and/or pick up my child from school. The first three names are also authorized as people to contact if the parent/guardian or Emergency contacts cannot be reached. All persons listed below must be 18 years of age or older.

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<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Phone</th>
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I/We will contact the school office with any changes that must be made to the Authorization to Pick Up Form.

Parent/Guardian: ____________________________ Date: ________________

Parent/Guardian: ____________________________ Date: ________________

THE FOLLOWING PEOPLE ARE NOT ALLOWED CONTACT WITH MY CHILD. LEGAL DOCUMENTS ARE ON FILE. (Present a copy of the documents to the school office. Documents are required.)

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Relationship</th>
<th>Type of Document</th>
<th>Documents Filed</th>
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<td>Yes  No</td>
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Rev. 12/19/18
Acceptance of Conditions, Release of Indemnity Form

Name of Participant ____________________________________________________________

Organization ______ Kula Kamaliʻi o Hiʻikeakaikamālama __________________________

Dates ______ August 1, 2019 - July 31, 2020 ______________________________________

We (I) the undersigned and their heirs and assigns agree to assume all responsibility for injury or other liability in connection with the use of All Properties under the Stewardship of the Edith Kanakaʻole Foundation by said minor(s) and authorized accompanying persons and agree to indemnify and hold harmless the Edith Kanakaʻole Foundation, its agents, and employees and their heirs, successors and assigns from any claims, demands, or other liability arising out of the use of All Properties under the Stewardship of the Edith Kanakaʻole Foundation pursuant to Article XII section 1 of the Edith Kanakaʻole Foundation by-laws by said minor(s) and authorized persons accompanying said minor(s).

Print Participant’s Name ___________________________ Participant’s Signature ___________________________ Date ___________________________

Print Parent/Guardian’s Name ___________________________ Parent/Guardian’s Signature ___________________________ Date ___________________________
Kula Kamali‘i O Hi‘ikeakaikamālama
PARENT TALENT SURVEY
CONFIDENTIAL DOCUMENT

Student’s Name: ____________________________________________ Date: ____________

Name of Parents/Adults: ____________________________________________

Kula Kamali‘i O Hi‘ikeakaikamālama encourages active participation of the parents, families and the community in all aspects of the program. Please indicate how you will be able to become involved.

___ Volunteer in the classroom
   Days available: ___________________________ Hours available: __________

___ Assist on field trips/excursions
   Days available: ___________________________ Hours available: __________

___ Prepare educational materials at home
   ___ Help with classroom snack

___ Facilitate a parent ed or cultural activity/workshop
   ___ Help with fundraising for special activities

___ Help with school maintenance, simple repair work

Fill in the blank with an M (Mother) or F (Father) to indicate which skills and crafts you can Share; UNDERLINE a skill or craft that you would like to Learn More Of:

___ art          ___ music          ___ cooking          ___ baking
___ sewing       ___ home repair     ___ plumbing         ___ electrical
___ carpentry    ___ quilting       ___ gardening        ___ car repair
___ Hawaiian instruments ___ hula         ___ floral arrangements ___ farming
___ fishing      ___ Hawaiian wood crafts ___ canoe paddling     ___ lei making
___ Hawaiian medicines ___ Hawaiian planting ___ composing music   ___ feather making
___ net making   ___ recycling      ___ making jewelry    ___ swimming
___ surfing      ___ land clearing  ___ massage          ___ genealogy
___ Hawaiian food preparation: specify: ____________________________________________
___ Hawaiian craft making: specify: ____________________________________________
___ Other specify: ____________________________________________