



Edith Kanaka'ole Foundation

1500 Kalaniana'ole Avenue • Hilo, HI 96720
Tel: (808) 961-5242 / Fax: (808) 961-4789

Kula Kamali'i O Hi'ikeakaikamālama

Aloha,

Mahalo for your interest in Kula Kamali'i O Hi'ikeakaikamālama. 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 Kamali'i O Hi'ikeakaikamālama Brochure
- Kula Kamali'i O Hi'ikeakaikamālama 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 Kamali'i O Hi'ikeakaikamālama; you may review and keep for your records the Kula Kamali'i O Hi'ikeakaikamālama 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 Kamali'i O Hi'ikeakaikamālama 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 Kanaka'ole Foundation

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



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Hilo, HI 96720

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Kula Kamali'i o
Hi'ikeakaikamālama



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 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





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Kula Kamali'i O Hi'ikeakaikamālama

APPLICATION

CONFIDENTIAL DOCUMENT

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

STUDENT INFORMATION:

Student's Full Legal Name: _____

Student's Preferred Name: _____

Gender: ___ Female ___ Male Birth Date: _____ Birth Place: _____

Street Address: _____ Res. Phone: _____

Mailing Address: _____ Bus. Phone: _____

Student's Ethnicity: PLEASE LIST PERCENTAGE (100%).

_____ American Indian	_____ Black	_____ Caucasian	_____ Chinese	_____ Filipino
_____ German	_____ Hawaiian	_____ Irish	_____ Italian	_____ Japanese
_____ Micronesian	_____ Sāmoan	_____ Spanish/Puerto Rican	_____ Portuguese	Other: _____

STUDENT'S HOUSEHOLD INFORMATION:

PASSWORD: _____

PLEASE inform Staff of any CUSTODIAL issues and provide documentation.

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

Adult Male: _____ Adult Female: _____

Relationship to Student _____
(Birth, Step, Foster Parent, Legal Guardian, Etc.)

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Bus. Phone: _____ Cell Phone: _____ Bus. Phone: _____ Cell Phone: _____

STUDENT resides with: Mother Father Guardian Guardian's relationship to STUDENT _____

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/ADH 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:

Convulsions ___ No ___ Yes Specify: _____

Colds/Ear Infections ___ No ___ Yes Specify: _____

Childhood Illnesses ___ No ___ Yes Specify: _____

Other ___ No ___ Yes Specify: _____

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'ikeakaikamālama 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'ikeakaikamālama 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

CONFIDENTIAL DOCUMENT

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



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Kula Kamali'i O Hi'ikeakaikamālama 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.

Name	Relationship to Child	Phone

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.)

Name of Person	Relationship	Type of Document	Documents Filed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Acceptance of Conditions, Release of Indemnity Form

Name of Participant _____

Organization Kula Kamali'i o Hi'ikeakaikamālama

Dates August 1, 2018 - July 31, 2019

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 Kanaka'ole Foundation by said minor(s) and authorized accompanying persons and agree to indemnify and hold harmless the Edith Kanaka'ole 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 Kanaka'ole Foundation pursuant to Article XII section 1 of the Edith Kanaka'ole 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



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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: _____