

Persons authorized to pick up your child other than parents (2 names **required** for emergency contacts or applications will not be accepted).

Carpool Emergency

				Pick-up*	Pick-up*
Name _____	Home Phone _____	Work Phone _____	Cell phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Home Phone _____	Work Phone _____	Cell phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Home Phone _____	Work Phone _____	Cell phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Home Phone _____	Work Phone _____	Cell phone _____	<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate by checking the box if the authorized person(s) are carpool only pick-up and/or emergency pick-up in the event of student illness and the school is unable to contact the parent(s).

SIGNIFICANT HEALTH INFORMATION

- ___ NONE
- ___ asthma
- ___ epilepsy or seizures
- ___ chronic ear infections (more than two per year)
- ___ frequent nose bleeds
- ___ diabetes
- ___ heart trouble
- ___ hyperactivity
- ___ ADD / ADHD
- ___ IEP (NEED COPY)
- ___ Difficulty focusing (attention is easily distracted)
- ___ Receiving special services, please explain _____
- ___ Difficulty during pregnancy/birth, premature, please explain _____
- ___ other(s) Explain _____
- ___ allergies (specify) _____

Is your child on any medication? _____ What type? _____ Reason _____

PHOTOGRAPHIC PERMISSION AND HOLD HARMLESS RELEASE

Photographs taken by parents or staff members or professional photographers of Navy Hale Keiki School students or staff are solely for use by Navy Hale Keiki School. All negatives, proofs, and prints are the property of Navy Hale Keiki School. I hereby consent to and authorize the use and/or reproduction of these photographs.

Legal Parent/Guardian Signature _____ Date _____

MEDIA PERMISSION AND HOLD HARMLESS RELEASE (on and off Navy Hale Keiki School campus)

I understand that television, radio, and print media reporters may come to Navy Hale Keiki School on occasion to report school events. Our child may participate in these activities and therefore his/her image or words may appear on television, school website, or in print.

Legal Parent/Guardian Signature _____ Date _____

My signature below indicates my understanding that the **registration fee and tuition deposit are not refundable or transferable** as stipulated in the Tuition Agreement. **In addition, I understand and agree to pay a disenrollment fee of \$1000.00 per student, or the remaining unpaid amount of the annual tuition, whichever is less, if my child is disenrolled for any reason other than moving off O’ahu island after June 1, 2010.** I further understand and agree to abide by the policies and procedures of Navy Hale Keiki School. I understand that failure to do so may result in the **disenrollment** of my child.

Legal Parent/Guardian Signature _____

ETHNIC CATEGORY OF STUDENT (Optional — for record keeping purposes to maintain non-profit status).

- ___ African American ___ Hispanic ___ Other
- ___ Asian ___ Native American or Alaska Native
- ___ Caucasian ___ Native Hawaiian or other Pacific Islander

NOTICE OF NONDISCRIMINATORY POLICY

Navy Hale Keiki School admits students of any race, color, national, and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.