NAVY HALE KEIKI SCHOOL

SUMMER ENROLLMENT FORM - June 7- July 23, 2010

153 Bougainville Drive, Honolulu, Hawaii 96818 (808) 423-1727

Please use ballpoint pen and **print clearly**. **GRADE ENTERING**_____ **TODAY'S DATE**_____

SUMMER ENROLLMENT: (Summer school starts at 8:00 a.m.)

Indicate Sesssion(s): June 7th - July 2nd _____ July 6th - July 24th _____

_____ Early Bird Care 6:00 a.m.- 7:30 a.m.) **OR** _____ Before School Care (7:00 a.m. - 7:30 a.m.)

_____ Full Time After School Care (Dismissal - 5:30 p.m.) **OR** _____ Standing Reservation After School Care

Indicate days needed **(no more than 3 days a week)**

__Mon. __ Tues. __Wed. __Thurs. __Fri.

PLEASE NOTE: **Prior to acceptance, it is required that each student enrolled be able to take care of his/her toilet functions without the assistance of any other person.** New children entering Navy Hale Keiki School must meet the following age requirements; Preschool - 3 years of age, Prekindergarten - 4 years of age, and Kindergarten - 5 years of age by **September 30, 2010.** Please see Parent Handbook for further age requirements.

CHILD'S LEGAL NAME_____ **NICKNAME** _____
LAST FIRST M.I.

GENDER ____ AGE ____ BIRTHDATE _____ HOME PHONE _____
MM/DD/YY

ADDRESS _____ CITY _____ ZIP _____

FATHER/GUARDIAN's LEGAL NAME_____ WORK PHONE_____
LAST FIRST M.I. EXT.

BRANCH OF SERVICE _____ RANK _____ CELL PHONE _____

MOTHER/GUARDIAN'S LEGAL NAME_____ WORK PHONE_____
LAST FIRST M.I. EXT.

BRANCH OF SERVICE _____ RANK _____ CELL PHONE _____

SIGNIFICANT HEALTH INFORMATION

____ NONE
____ asthma
____ epilepsy or seizures
____ frequent nose bleeds
____ heart trouble
____ ADD / ADHD
____ other(s) Explain_____
____ IEP (NEED COPY)
____ allergies (specify) _____
____ chronic ear infections (more than two per year)
____ diabetes
____ hyperactivity
____ difficulty focusing (attention is easily distracted)
____ receiving special services, please explain_____

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

Persons **authorized to pick up** your child other than parents (2 names required for emergency contacts or application will be considered incomplete)

	Carpool Pick-up*	Emergency Pick-up*
Name_____ Home Phone _____Work Phone_____ Cell phone_____	☐	☐
Name_____ Home Phone _____Work Phone_____ Cell phone_____	☐	☐

*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).

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 _____

MEDIA PERMISSION AND HOLD HARMESS RELEASE

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 _____

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 polices, admissions policies, and other school-administered programs.