



Application for Admission

Date of application: _____
Fall 20____ Other _____

Kansha
PRESCHOOL

Child's full legal name _____
Child's preferred name/nickname _____ Child's birthdate _____
Child's address (residence) _____

Child lives with: both parents ____ father ____ mother ____
Other (please explain) _____

Father/legal guardian's name _____
Home address _____
Mailing address, if different _____
Place of employment _____
Phone: (H)____ (W)____ (Cell/Pager)____ E-mail _____

Mother/legal guardian's name _____
Home address _____
Mailing address, if different _____
Place of employment _____
Phone: (H)____ (W)____ (Cell/Pager)____ E-mail _____

Family life: Number of siblings and ages _____
Others living in child's household _____

Languages spoken in child's home: _____

Parents' expectations for preschool: _____

About my child:
prior experiences with other young children _____

favorite activity _____

favorite food(s) _____

usual habits when he/she is
hungry _____
not feeling well _____
worried _____
sad/needs comforting _____
angry/upset _____

fears: ____loud noises ____ animals ____clowns, masks ____ storms ____ strangers
Other _____

reaction to new situations/people _____

Routines: (usual times)

Breakfast at _____ Lunch at _____ Dinner at _____

Nap time (s) _____ Length _____

Bedtime: Goes to bed at _____ Wakes at _____

Words used with child for toileting:

Urinating _____ Bowel movement _____

Is your child toilet trained (able to go independently, and able to dress/undress, wipe self, and wash hands by him or herself?)

CHILD'S HEALTH HISTORY

Were there any birth complications, serious illnesses or prior hospitalizations? (if yes, please explain)

Does your child have any known allergies or medical concerns (e.g. asthma, reaction to insect bites, foods or medications). Is your child under a doctor's care and/or taking medication for any of the above?

Does your child have nosebleeds? If so, how long do they usually last?

Is your child currently receiving services from agencies such as IMUA REHAB, the D.O.E.? (please explain)

My child has health insurance: ___ HMSA ___ Kaiser ___ QUEST ___ Other:

The Preschool admits students of any race, color, religion, disability and national or ethnic origin, and accords to them all of the privileges, programs and activities made available at the school. It does not discriminate on the basis of race, color, religion, disability, national or ethnic origin, or sexual orientation in administration or in its educational policies, admission policies, financial aid and other school administered programs.

**KANSHA PRESCHOOL
EXCURSION and IN-SCHOOL EVENTS PERMISSION**

I/We consent to have my/our child, _____
Child's name

participate in all excursions and in-school presentations at Kانشا Preschool. I understand that I will be informed of excursions and events in advance, and if I do not wish my child to participate, I will keep him/her at home for that day. I will not hold the school, staff, Maui Adult Day Care Center staff and clients liable for any accidents or injury that may occur during these excursions and events.

print father/legal guardian's name

signature of father/legal guardian

date

print mother/legal guardian's name

signature of mother/legal guardian

date

director initial

date

**KANSHA PRESCHOOL
MEDIA RELEASE FORM**

I/We consent to have my/our child _____
Child's name

be photographed for displays in the classroom and for public relations for Kانشا Preschool. I/we understand that there will be no compensation for such displays and public relations pictures.

print father/legal guardian's name

signature of father/legal guardian

date

print mother/legal guardian's name

signature of mother/legal guardian

date

director initial

date

PERMISSION FOR DEVELOPMENTAL SCREENING

One of the ways we work to provide an optimum learning environment for your child, is by observing and recording his/her developmental progress throughout the year. Should the staff agree that further screening and consultation would be beneficial to your child, we may recommend a referral to the Department of Health Preschool Developmental Screening Program. Screening is conducted at the school during school hours, and offers parents and staff a clearer picture of your child's skills and needs. You may decline this free service if you choose.

Should your child require a more complete assessment, we will discuss the options available to you that may be conducted by the Department of Education or other qualified agencies. A comprehensive evaluation can be done only with your written consent.

I/We give my/our consent to have my child screened by the staff of Kansha Preschool. I understand that the staff may recommend a referral to the Department of Health or other qualified agencies for further consultation in order to support my child's development, and that it is my/our choice to accept or decline the services.

print father/legal guardian's name

signature of father/legal guardian

date

print mother/legal guardian's name

signature of mother/legal guardian

date

DROP-OFF AND PICK-UP PERMISSION

I/We permit the following adults to drop-off or pick up my/our child _____

I/We will provide any changes to this list in writing to Kansha Preschool. [A photo I.D. must be presented when anyone picks up your child for the first time.]

Name and Address

Relationship to child

Phone Number(s)

EMERGENCY CONTACT AGREEMENTS

The Preschool's policy is to contact parents or legal guardians immediately if your child becomes ill or injured and requires prompt medical attention. If the Preschool is unable to contact parents or legal guardians, the following steps are taken to ensure that your child receives appropriate care:

- 1) the adult(s) on the emergency contact list will be called.
- 2) if the Preschool is unable to reach the adult(s) on the emergency contact list, the child's physician will be contacted for consultation.
- 3) if your child has a serious or life-threatening medical emergency that requires immediate treatment, the Preschool will call 911 first. The Preschool will make every effort to contact you as stated in this policy. Your child may be transported to Maui Memorial Medical Center if further care is necessary.

EMERGENCY CONTACTS

In the event of an emergency, I/we permit the Preschool to contact the following adult(s), who may be asked to pick up my/our child. I/We will provide in writing any changes to this list.

Name and Address	Relationship to child	Phone Number(s)
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Special considerations staff need to be aware of (custody arrangements, medical or religious exemptions. Documents must be included in the child's application packet.)

Name of child's physician _____ Phone _____

Name of child's dentist _____ Phone _____

I/We consent to the Preschool contacting my child's physician and/or dentist if there is an emergency and the Preschool is unable to contact me/us or adult(s) listed as emergency contacts. I/we also understand and give my/our consent that, in the event of a medical emergency requiring immediate treatment, 911 will be called first, and my/our child may be transported to Maui Memorial Medical Center if this becomes necessary. I/we agree to pay all medical costs incurred if this treatment and transport are necessary.

father or legal guardian's signature

date

mother/legal guardian's signature

date

