



Kinderhale Summer Program Application/Enrollment 2020

✓ SELECT PROGRAM & MONTHS OF ATTENDANCE	
5-day Regular Program M-Th 8am-2:30pm, F 8am-12:30pm (Note: 7:30am drop off allowed by request) <input type="checkbox"/> June - \$290 <input type="checkbox"/> July - \$731	
3-Day Program M W 8am-2:30pm, F 8am-12:30 pm (Note: 7:30am drop off allowed by request) <input type="checkbox"/> June - \$165 <input type="checkbox"/> July - \$558	2-Day Program - T R 8am-2:30pm (Note: 7:30am drop off allowed by request) <input type="checkbox"/> June - \$125 <input type="checkbox"/> July - \$454

Summer quarter: June 22 - July 31, 2020

Office Use Only Registration Fee Paid _____ NOTES:

Tuition Billing Choice*:

***\$75 ONE TIME REGISTRATION FEE MUST BE PAID PRIOR TO ATTENDANCE.**

--Tuition for current MWS families: all payments made through FACTS management system--

Method of payment:

- by check via FACTS (current families) via PayPal (instructions to follow with invoice)

Payment frequency:

- Monthly (due prior to program start and July 5) Lump sum (due prior to program start)

Child's Name: _____ Date of Birth: _____
Last First

Physical Address: _____
Street City State Zip code

Mailing Address: _____
Street City State Zip code

Parent/Guardian: _____
Name Home Phone Work Phone Cell Phone

Email: _____

Parent/Guardian: _____
Name Home Phone Work Phone Cell Phone

Please give a brief description of your child (temperament, special needs, etc.):

Emergency Contact: We always try to contact parents first. However, we are **required** to have an emergency contact **OTHER THAN** parents. In the event of a medical, emotional, and/or disciplinary emergency and you cannot be reached; the following person/s may be contacted.

Name	Relation to Student	Home Phone	Cell Phone	Work Phone

Name	Relation to Student	Home Phone	Cell Phone	Work Phone

Child's physician/clinic: _____
Name Phone

Medical Insurance Provider _____ Subscriber # _____

Allergies, dietary restrictions, medical needs/precautions: _____

At MWS we base our First Aid in Anthroposophic and American Red Cross practices. We are prepared to choose from a variety of remedies, such as traditional, Homeopathy, topical salves, herbal, Hawaiiana and Anthroposophic remedies. _____ (initial here)

If your child was NOT enrolled in Mālamalama Waldorf School's regular school program for 2019-20. Please submit the following:

Medical Clearance: Provide a copy of **TB Clearance, physical exam and immunization record/waiver form** before entry into the program.

Medical Insurance: Please provide a copy of your **child's medical insurance card**. Parents are responsible for establishing medical coverage for their child. We must have documented proof of insurance in order to enroll your child in Mālamalama Waldorf School Summer Program.

**If my child exhibits signs of illness or injury and the staff is unable to contact me, or the individuals listed as emergency contact, I hereby consent that my child may be taken to the nearest medical facility and be given any examination/treatment that is deemed necessary by the medical facility personnel.

In an emergency requiring school evacuation/closure, I would like school personnel to:

- Notify me to pick up my child---I can be at the school within one hour of notification.
- Notify my designate (someone who lives close to the school and & can be at the school within one hour of notification) to pick up my child.

Designate Name: _____ Home Phone: _____ Cell Phone: _____

School personnel will remain at school for one hour**ONLY**after order to evacuate is received. School personnel are NOT authorized to transport your child to safety. If no one can be contacted to pick up the student, he/she will be transported by a Hawaii County Police Officer, or other designated State agency personnel, to an evacuation site.

Consent for Use of Student's Image:

- I hereby **authorize** Mālamalama Waldorf School to use my child's name and image from video or photography in connection with its advertising, publicity, and public relations program.
- I **do not authorize** Mālamalama Waldorf School to use my child's name & image from video or photography in connection with its advertising, publicity, and public relations programs.

Kinderhale Withdrawal Policy (A Student Withdrawal Form is due 30 days prior to withdrawal date.)

If a student leaves Mālamalama Waldorf School for any reason after a Tuition Contract has been signed, including but not limited to illness, withdrawal or dismissal, the undersigned party is responsible for tuition determined as follows:

- **Student is not officially withdrawn until a withdrawal form is received in the office.** Families are required to submit a withdrawal form 30 days prior to withdrawal date. If the withdrawal form is received less than 30 days prior to the desired withdrawal date family will be responsible for tuition payments for the full 30 days from the date the form was received in the office.
- If the desired end date is on or before the 15th of the following month the family is financially obligated to pay the prorated daily amount.
- If the desired end date is after the 15th of the following month the family is financially obligated to pay the full following month's tuition.
- If the school asks that the child be dismissed, the family is obligated to pay tuition for the time that the child was enrolled in school up until official dismissal date is determined by the school.
- Once a child has withdrawn from the school and would like to re-enroll, the family will be required to pay any unpaid previous balances.

_____ (initial here) **I have read and understand the withdrawal policy of Mālamalama Waldorf School**

I hereby give my child permission to attend and participate in the activities conducted by the Mālamalama Summer Program. I have received, reviewed, and understand the Summer Program Brochure/Information sheet, which includes the Discipline Guidelines/Code of Conduct; and hereby agree to abide by all rules and requirements theretofore.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Mālamalama Waldorf School is a non-profit 501(c)(3) and admits students of any race, color, national and ethnic origin, religion, disability status, or family status to all 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 and ethnic origin, religion, disability status, or family status in administration of its educational policies, admission policies, scholarship and tuition aid programs, athletic, and other school-administered programs. While Mālamalama Waldorf School is open to students with all types of learning styles, there are no formal special education services and therefore the school may not be able to meet the learning needs of all students.