



# Wai'ala'e Elementary Public Charter School

*Please sign my child for care:*

AM Care  
(6:30am - 7:55am)

All-day childcare  
(6:30am - 5:30pm)

Date of PD/Waiver/ \_\_\_\_\_  
Intercession \_\_\_\_\_

**Please complete and print all entries legibly in ink.**

1st Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Days attending: M T W Th F Language Spoken at home: \_\_\_\_\_

M T W Th F Ethnicity (optional): \_\_\_\_\_

### FAMILY INFORMATION:

Mother/Guardian's Name: _____	Cellphone: _____
Mother's Address: _____	
Mother's Email Address: _____	
Mother's Employer _____	Workphone: _____
Father/Guardian's Name: _____	Cellphone: _____
Father's Address: _____	
Father's Email Address: _____	
Father's Employer: _____	Workphone: _____

List below persons authorized to take your child(ren) from the facility and their phone numbers.  
**(THE CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON.)**

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Any changes in departure, authorization must be received in writing from parent or guardian.*

### FOR OFFICE USE ONLY

CHECK NUMBER & DATE: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

## **PARENT RESPONSIBILITIES AND BILLING PROCEDURES:**

Parent's Responsibilities/Agreements: Please INITIAL EACH of the following to indicate that you have read, understand, and agree with each item.

I understand & agree:

- \_\_\_\_\_ 1. My child(ren) is not allowed to come and go freely from the W+ Program site.
- \_\_\_\_\_ 2. My child(ren) must sign in each day and only authorized persons may sign him/her out each day.
- \_\_\_\_\_ 3. I must maintain communication with the W+ Director/Group Leader of any daily departure changes.
- \_\_\_\_\_ 4. I must maintain communication with the W+ Director/Group Leader about my child(ren) and keep him/her informed of any pertinent changes.
- \_\_\_\_\_ 5. I must contact the W+ Program when my child(ren) is sick or absent.
- \_\_\_\_\_ 6. If a medical emergency arises, the W+ Program will first attempt to contact me. If I cannot be reached, the W+ Program will attempt to contact persons authorized by me in case of an emergency, and that no authorized persons can be reached, appropriate treatment will be secured at the nearest medical facility. If a major illness or injury is involved, the child(ren) will be transported by ambulance to a designated site and/or physician and I am financially responsible for any medical care or transportation incurred on my child(ren)'s behalf.
- \_\_\_\_\_ 7. Wai'alaie W+ AM Care will operate from 6:30am to 7:55am each school day. Wai'alaie all-day care will operate from 6:30am to 5:30pm. The program will not operate during state holidays, Teacher Institute Day, school half days, and certain intercession days.
- \_\_\_\_\_ 8. It is my responsibility to see that my child is picked up by the designated closing time.
- \_\_\_\_\_ 9. If my child is having problems in the program, a conference will be arranged between parent, staff, Administration, and W+ Director.
- \_\_\_\_\_ 10. If weather or other emergency forces the closing of regular school, the W+ program will be closed.
- \_\_\_\_\_ 11. I am responsible for paying for daily, weekly, or monthly fees on time.
- \_\_\_\_\_ 12. I shall pay the tuition when it is due or it must be postmarked before the first school day of each month.
- \_\_\_\_\_ 13. The monthly tuition is a flat rate, and that it does not depend on the number of days my child(ren) actually attend the program.
- \_\_\_\_\_ 14. The W+ Program makes no refunds once tuition is paid even if my child(ren) has attended only part of the month. E.g., even for one day.
- \_\_\_\_\_ 15. I must pay a \$25.00 service charge for any checks that I write to the program that is returned to the bank because of insufficient funds.
- \_\_\_\_\_ 16. If my child(ren) is picked up late, I will pay a \$5.00 late for every 15 minutes or fraction thereof beyond closing time, and chronic tardiness may result in my child's termination from the program.
- \_\_\_\_\_ 17. Your application is NOT complete unless turned in to the office fully completed with payment.

I understand and agree to abide by the above parent responsibilities and billing procedures. I understand and agree that my failure to do so may result in termination of my child(ren)'s enrollment in the Wai'alaie W+ before and all-day care program.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date