



# Edith Kanaka'ole Foundation

1500 Kalaniana'ole Street • Hilo, HI 96720  
Tel: (808) 961-5242 / Fax: (808) 961-4789

## Kula Kamali'i O Hi'ikeakaikamālama

Aloha,

Mahalo for your interest in Kula Kamali'i O Hi'ikeakaikamālama. We welcome children between three years of age and the age of compulsory school attendance that are able to take care of their own toileting needs. There is a registration fee of \$125.00 due with the first month's tuition. Monthly tuition is \$650.00. Please find enclosed the online application packet, which includes the required forms and program information:

- Kula Kamali'i O Hi'ikeakaikamālama Brochure
- Kula Kamali'i O Hi'ikeakaikamālama Application
- Authorization to Pick Up Form
- EKF Release of Indemnity Form
- Parent Talent Survey

In addition to the application packet forms, there is a Student Health Record and Emergency Card that can be obtained from the school. All forms must be fully completed and returned to Kula Kamali'i O Hi'ikeakaikamālama; you may review and keep for your records the Kula Kamali'i O Hi'ikeakaikamālama Brochure. We are also requesting that a copy of your child's birth certificate be kept on file as proof of age.

The following must be completed by a licensed physician or health clinic and returned to the Kula Kamali'i O Hi'ikeakaikamālama office:

- The Student Health Record (DOE Form 14)
- A Tuberculin Clearance Card for the Student

You will need to bring the following items for each child that you enroll in the program:

1. TWO (2) COMPLETE changes of clothes in a plastic bag with your child's name on each piece of clothing
2. One pair of rubber slippers to be kept in cubby for fire drill
3. A sleeping bag or blanket with your child's name on it
4. Four (4) toothbrushes with your child's name on them
5. One tube of children's toothpaste
6. One pair of tabis/reef walkers
7. One pair of gardening gloves
8. One reusable water bottle to be brought to school daily

Should you have any questions please feel free to contact us at the number above.

Mahalo nui.



# Edith Kanaka'ole Foundation

The Edith Kanaka'ole Foundation is a culturally driven organization established by the offspring of the late Luka & Edith Kanaka'ole. The foundation serves to perpetuate the teachings, beliefs, practices, philosophy and traditions of Edith Kanaka'ole. This is accomplished through the many activities and functions of the Foundation, which includes Hālau o Kekuhi, Kula Kamali'i o Hi'ikeakaikamālama and Pa-pakū Makawalu.



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Hilo, HI 96720

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Kula Kamali'i o  
Hi'ikeakaikamālama





## **Kula Kamali'i o Hi'ikeakaikamālama**

Kula Kamali'i o Hi'ikeakaikamālama is a Hawaiian culturally based, educational program established by the Edith Kanaka'ole Foundation. We believe in a holistic approach to education: "In a learning community that is steadfastly rooted in its culture, everyone has something to learn and something to teach. Students, parents, and community are partners in the educational process and achievements of all."

### **Our Goals**

- Nurture the total development of the young child.
- Bridge relationships between home, school, and community.
- Strengthen Hawaiian cultural ties through music, art, language, dance, history, family, land, sea, and health.
- Utilize natural environment, cultural practitioners, and the expertise and knowledge of our elders to provide meaningful and successful learning for children and their families.



### **Admission Policy**

We welcome children between three years of age and the age of compulsory school attendance to enroll in Kula Kamali'i o Hi'ikeakaikamālama. These students must also be able to care for own toileting needs.

Applications are accepted throughout the year. They are available at the school office, you may call 961-5242 to have one mailed to you, or download at [www.edithkanakaolefoundation.org](http://www.edithkanakaolefoundation.org).

### **School Hours**

Monday through Friday

7:30 am to 4:00 pm

### **Tuition and Fees**

Our monthly tuition is \$650.00. A non refundable registration fee of \$125.00 is due with the first month's tuition.

### **Meals and Snacks**

Morning and afternoon snack is provided in compliance with state licensing standards. All children must bring a lunch from home daily.

## **How We Spend Our Day...**

Students will have the opportunity to participate in a variety of educational, creative, fun activities each day.

Many of these include...

- Activities that help develop physical, cognitive, social, and emotional skills
- Music, song, and dance including Hawaiian songs and chants
- 'Ōlelo No'eau discussion
- Large and small group activities
- Individual work time
- Writing activities
- Storybook time; as a group and individually
- Hawaiian word, theme, and value of the day
- Outdoor play
- Monthly field trips
- Art activities





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## Kula Kamali'i O Hi'ikeakaikamālama

### APPLICATION

CONFIDENTIAL DOCUMENT

The Kula Kamali'i O Hi'ikeakaikamālama is a culturally based, educational program established by the Edith Kanaka'ole Foundation. Hi'ikeakaikamālama believes in a holistic approach to education: "In a learning community that is steadfastly rooted in its culture, everyone has something to learn and something to teach. Students, parents and community are partners in the educational process and achievements of all."

Enrollment Eligibility: The student must be between the age of three years of age and the age of compulsory school attendance to be eligible to enroll and participate in the Hi'ikeakaikamālama Preschool. These students must also be able to take care of own toileting needs.

**PLEASE PRINT YOUR ENTRIES LEGIBLY**

#### STUDENT INFORMATION:

Student's Full Legal Name: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Street Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Student's Ethnicity: PLEASE LIST PERCENTAGE (100%).

_____ American Indian	_____ Black	_____ Caucasian	_____ Chinese	_____ Filipino
_____ German	_____ Hawaiian	_____ Irish	_____ Italian	_____ Japanese
_____ Micronesian	_____ Samoan	_____ Spanish/Puerto Rican	_____ Portuguese	Other: _____

#### STUDENT'S HOUSEHOLD INFORMATION:

PASSWORD: \_\_\_\_\_

PLEASE inform Staff of any CUSTODIAL issues and provide documentation.

#### PARENT(S), CUSTODIAL ADULT(S), OR LEGAL GUARDIAN(S) INFORMATION:

Adult Male: \_\_\_\_\_ Adult Female: \_\_\_\_\_

Relationship to Student \_\_\_\_\_  
(Birth, Step, Foster Parent, Legal Guardian, Etc.)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

STUDENT resides with:  Mother  Father  Guardian Guardian's relationship to STUDENT \_\_\_\_\_

SIZE of Family: \_\_\_\_\_ Other Adults in Home: \_\_\_\_\_ Relationship(s) to Student: \_\_\_\_\_

Age(s) and Gender(s) of SIBLING(S): \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_

**STUDENT'S HEALTH & GROWTH INFORMATION:**

**CONFIDENTIAL DOCUMENT**

STUDENT'S HEALTH HISTORY:

My child receives regular care for the following medical condition(s):

- No medical condition(s)                       Yes. *Please check below*
- ADD/ADH     Diabetes     Seizure Disorder
- Allergy-requires use of Epi Pen               Cardiac – Heart Disease                       Spina Bifida
- Asthma - regular use of medication         Hemophilia     Other \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Describe allergic reaction \_\_\_\_\_

How was situation handled \_\_\_\_\_

Any medications? (Specify) \_\_\_\_\_

Does your child require special accommodations in the classroom or on the school grounds?  If yes, specify below:

\_\_\_\_\_

Convulsions    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

Colds/Ear Infections    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

Childhood Illnesses    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

Other    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

STUDENT'S EATING HABITS:

Is STUDENT on any Special Diet:    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

Any Known Food Allergies:    \_\_\_ No    \_\_\_ Yes    Specify: \_\_\_\_\_

STUDENT'S Appetite:    \_\_\_ Good Eater    \_\_\_ Picky Eater    \_\_\_ Poor Eater

Is Student usually hungry at mealtime?    \_\_\_ Yes    \_\_\_ No    Between Meals?    \_\_\_ Yes    \_\_\_ No

Does STUDENT drink Milk:    \_\_\_ Yes    \_\_\_ No    \_\_\_ Sometimes    \_\_\_ Most times

What are Student's favorite foods? \_\_\_\_\_

What foods are disliked? \_\_\_\_\_

Does Student have any eating problems?    \_\_\_ Yes    \_\_\_ No    Specify: \_\_\_\_\_

STUDENT'S SLEEPING HABITS:

Does Student take a daily nap?    \_\_\_ Yes    \_\_\_ No    At what time of day and for how long: \_\_\_\_\_

How many hours does Student usually sleep at night? \_\_\_\_\_

General sleeping habits:    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

STUDENT'S TOILET HABITS:

Is Student able to tend to own toilet needs?    \_\_\_ Yes    \_\_\_ No    Does Student need assistance?    \_\_\_ Yes    \_\_\_ No

What words are used for bowel movement? \_\_\_\_\_

**STUDENT'S HEALTH & GROWTH INFORMATION (Continued)**

**CONFIDENTIAL DOCUMENT**

STUDENT'S ABILITIES:

AGE STUDENT began to talk: \_\_\_\_\_ Words \_\_\_\_\_ Phrases \_\_\_\_\_ Sentences

Language(s) used in the Home: \_\_\_\_\_

Can STUDENT put on OWN clothing: \_\_\_ Yes \_\_\_ No ...button: \_\_\_ Yes \_\_\_ No ...lace: \_\_\_ Yes \_\_\_ No  
...socks: \_\_\_ Yes \_\_\_ No ...belt: \_\_\_ Yes \_\_\_ No ...zipper: \_\_\_ Yes \_\_\_ No

STUDENT'S SOCIAL RELATIONSHIPS:

Does STUDENT play with other children at: \_\_\_ Home \_\_\_ Relatives' Homes \_\_\_ Neighbors' Homes \_\_\_ Church

By nature, STUDENT is: \_\_\_ Happy \_\_\_ Friendly \_\_\_ Shy \_\_\_ Aggressive \_\_\_ Withdrawn

Does STUDENT have a good Self-Concept? \_\_\_ Yes \_\_\_ No

What is STUDENT'S attitude toward Sibling(s)? \_\_\_\_\_

What Age Group does STUDENT prefer? \_\_\_ Same Age \_\_\_ Older \_\_\_ Younger \_\_\_ Enjoys being alone

How does STUDENT relate to Strangers? \_\_\_ Openly Friendly \_\_\_ Shy and Reserved \_\_\_ Uneasy and Defensive

Is STUDENT afraid of: Animals \_\_\_ Yes \_\_\_ No Rough Children \_\_\_ Yes \_\_\_ No Sirens \_\_\_ Yes \_\_\_ No  
Storms \_\_\_ Yes \_\_\_ No The Dark \_\_\_ Yes \_\_\_ No Thunder & Lightning \_\_\_ Yes \_\_\_ No

Does STUDENT demand a lot of Adult Attention? \_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_

**PUBLICITY RELEASE**

Photographs, audio and/or video recordings of participants in the Kula Kamali'i O Hi'ikeaikamālama may be made for use within the Edith Kanaka'ole Foundation and may be included in reports or articles about the Edith Kanaka'ole Foundation. Whenever possible, such use will be cleared with parents, but with photographs or recordings containing large groups of students or taken several years prior to the date used, clearance may be difficult to obtain.

My child's picture and/or voice recording may be used for publications or news reports about the Edith Kanaka'ole Foundation or for educational purposes.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EMERGENCY MEDICAL REFERRAL**

I hereby grant permission to the Edith Kanaka'ole Foundation to refer my son/daughter to Dr. \_\_\_\_\_ should injury or serious illness occur. It is understood that a conscientious effort will be made by the Kula Kamali'i O Hi'ikeaikamālama staff to first contact me, my spouse, or an authorized emergency contact that I have designated, but if this is impossible, referral is to be at the discretion of the Director or any other person who is in charge during his/her absence. The expense of any service will be accepted by me.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I hereby grant permission to the Edith Kanaka'ole Foundation to take my son/daughter to the emergency facility at \_\_\_\_\_ Hospital in case of an emergency for which treatment is required at a hospital or clinic away from the Kula Kamali'i O Hi'ikeakaikamālama. This shall be in effect if Dr. \_\_\_\_\_ cannot be reached or if he/she instructs the Edith Kanaka'ole Foundation to take such measures. This provision also includes my consent for the summons of and transport by emergency medical response units and/or ambulance. The expenses of any service will be accepted by me.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXCURSION PERMIT**

My child has permission to go on any excursions held during his/her enrollment at the Kula Kamali'i O Hi'ikeakaikamālama. I understand that transportation may be provided by parents on a volunteer basis or on a fee basis by a commercial bus service. This also includes supervised walks in the neighborhood vicinity of the school.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**How did you hear about Kula Kamali'i O Hi'ikeakaikamālama?** \_\_\_\_\_

The information that you have shared gives us a PROFILE of your child and helps us to plan activities that will encourage and/or reinforce learning. Your input is valued and we appreciate your participation.

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date



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## Kula Kamali'i O Hi'ikeakaikamālama AUTHORIZATION TO PICK UP

**Student Name:** \_\_\_\_\_

I/We authorize the people listed below to drop off and/or pick up my child from school. The first three names are also authorized as people to contact if the parent/guardian or Emergency contacts cannot be reached. All persons listed below must be 18 years of age or older.

Name	Relationship to Child	Phone

**I/We will contact the school office with any changes that must be made to the Authorization to Pick Up Form.**

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

THE FOLLOWING PEOPLE ARE NOT ALLOWED CONTACT WITH MY CHILD. LEGAL DOCUMENTS ARE ON FILE. (Present a copy of the documents to the school office. Documents are required.)

Name of Person	Relationship	Type of Document	Documents Filed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No





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## Acceptance of Conditions, Release of Indemnity Form

Name of Participant \_\_\_\_\_

Organization \_\_\_\_\_

Date(s) \_\_\_\_\_

Is participant Native Hawaiian?  Yes  No

We (I) the undersigned and their heirs and assigns agree to assume all responsibility for injury or other liability in connection with the use of All Properties under the Stewardship of the Edith Kanaka'ole Foundation by said minor(s) and authorized accompanying persons and agree to indemnify and hold harmless the Edith Kanaka'ole Foundation, its agents, and employees and their heirs, successors and assigns from any claims, demands, or other liability arising out of the use of All Properties under the Stewardship of the Edith Kanaka'ole Foundation pursuant to Article XII section 1 of the Edith Kanaka'ole Foundation by-laws by said minor(s) and authorized persons accompanying said minor(s).

\_\_\_\_\_  
Print or Type Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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## Kula Kamali'i O Hi'ikeakaikamālama PARENT TALENT SURVEY

CONFIDENTIAL DOCUMENT

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parents/Adults: \_\_\_\_\_

Kula Kamali'i O Hi'ikeakaikamālama encourages active participation of the parents, families and the community in all aspects of the program. Please indicate how you will be able to become involved.

- Volunteer in the classroom      Days available: \_\_\_\_\_ Hours available: \_\_\_\_\_
- Assist on field trips/excursions      Days available: \_\_\_\_\_ Hours available: \_\_\_\_\_
- Prepare educational materials at home       Help with classroom snack
- Facilitate a parent ed or cultural activity/workshop       Help with fundraising for special activities
- Help with school maintenance, simple repair work

Fill in the blank with an M (Mother) or F (Father) to indicate which skills and crafts you can Share;  
UNDERLINE a skill or craft that you would like to Learn More Of:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> art                        | <input type="checkbox"/> music                | <input type="checkbox"/> cooking             | <input type="checkbox"/> baking         |
| <input type="checkbox"/> sewing                     | <input type="checkbox"/> home repair          | <input type="checkbox"/> plumbing            | <input type="checkbox"/> electrical     |
| <input type="checkbox"/> carpentry                  | <input type="checkbox"/> quilting             | <input type="checkbox"/> gardening           | <input type="checkbox"/> car repair     |
| <input type="checkbox"/> Hawaiian instruments       | <input type="checkbox"/> hula                 | <input type="checkbox"/> floral arrangements | <input type="checkbox"/> farming        |
| <input type="checkbox"/> fishing                    | <input type="checkbox"/> Hawaiian wood crafts | <input type="checkbox"/> canoe paddling      | <input type="checkbox"/> lei making     |
| <input type="checkbox"/> Hawaiian medicines         | <input type="checkbox"/> Hawaiian planting    | <input type="checkbox"/> composing music     | <input type="checkbox"/> feather making |
| <input type="checkbox"/> net making                 | <input type="checkbox"/> recycling            | <input type="checkbox"/> making jewelry      | <input type="checkbox"/> swimming       |
| <input type="checkbox"/> surfing                    | <input type="checkbox"/> land clearing        | <input type="checkbox"/> massage             | <input type="checkbox"/> genealogy      |
| <input type="checkbox"/> Hawaiian food preparation: | specify: _____                                |  |   |
| <input type="checkbox"/> Hawaiian craft making:     | specify: _____                                |  |   |
| <input type="checkbox"/> Other                      | specify: _____                                |  |   |