



We accept Child Care
Connections and Open
Doors.

WAIKOLOA BAPTIST KEIKILAND
P. O. BOX 384330
WAIKOLOA, HI 96738
808-883-8202
MELISSA MACION / DIRECTOR

TUITION RATES 2025/ 2026

ALL CHILDREN MUST BE COMPLETELY TOILET TRAINED TO ATTEND THE PROGRAM

*SPACE IS LIMITED FOR PART-TIME PROGRAM

3 and 4 year olds

Full Time

5 days/7am-5:15pm
\$900/ per month

Part Time

5 (1/2 days)/7am-12:00pm
3 days/ 7am-5:15pm
\$775/per month

Annual *Non-Refundable* Registration & Activity Fee \$250

_____ Tuitions are based on a ten-month school year but may be paid in ten equal installments for your convenience. If your regular pay schedule would make payment at another date in the month more convenient, you may **make an arrangement** with the director to reflect this. Late payment fees would still be due if the arranged dates were missed.

I agree to pay \$_____ each month for my child, _____ to attend Keikiland. For those who pay cash or check please have your payment for the month by the 10th for those who choose to do ACH payment you will be invoiced at the beginning of the month and payment is due anytime during the invoiced month. Non-payment after month end may result in your child not attending the program until tuition is paid in full.

If tuition (or a portion thereof) is paid by the Department of Human Services (i.e., Child Care Connection, Open Doors, etc.) I will authorize DHS to directly deposit the tuition into Waikoloa Baptist Keikiland's checking account.

Parent/Custodian

Date

My child will attend **Full-Time or Part-Time** (Please circle)

If Part-Time, choose the days your child will attend: **Mon Tues Wed Thurs Fri** (These days must be set and cannot be switched unless permission is given from Director has been given.)

Registration fee paid: _____

Shirt Rec'd _____

Start Date: _____

WAIKOLOA BAPTIST KEIKILAND
P.O. Box 384330, Waikoloa, HI 96738 (808) 883-8202

Today's Date _____
Child's Name _____ Nickname _____ Sex _____
Last First
Date of Birth _____ Place of Birth _____
Hours of care needed _____ to _____ Ancestry _____
Child's home address _____
Street City Zip Code
Mailing address (if different from above) _____
Home phone _____ Age of child when mother returned to work _____
With whom does the child live? _____ Who is the child's legal guardian? _____
Please list name(s) of previous sitter and/or Preschool where child has had care: _____

PLEASE LIST ALL PEOPLE WHO LIVE IN YOUR HOME and their relationship to your child. **Please also include AGES OF BROTHERS AND SISTERS:** _____

Father's name _____ Ancestry (optional) _____
Address _____
Occupation _____ Employed by _____
Work phone _____ Work hours: from _____ to _____
Cell Phone _____ Email _____
Education completed (check one) ☐ High School ☐ College ☐ Graduate School
Marital status (check one) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Mother's name _____ Ancestry (optional) _____
Address _____
Occupation _____ Employed by _____
Work phone _____ Work hours: from _____ to _____
Cell Phone _____ Email _____
Education completed (check one) ☐ High School ☐ College ☐ Graduate School
Marital status (check one) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

FOR OFFICE USE ONLY – Changes in Employment:

Date	Employed by	Phone	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL DATA

Does your child have any **known allergies**: Yes Or No (Circle one)

If yes, please list & what kind and extent was reaction _____

Any previous major illness _____

Medical restrictions _____

Regular medications _____ Amount? _____ Why? _____

Child's Doctor—1st Choice _____ Phone _____

—2nd Choice _____ Phone _____

Medical Plan & Policy No. _____ Member No. _____

Persons authorized to pick up your child from school, **INCLUDING PARENTS**: Must have daytime phone numbers. **PLEASE PRINT CLEARLY!**

1. _____	Day Phone: _____	Relationship: _____
2. _____	“ _____	“ _____
3. _____	“ _____	“ _____
4. _____	“ _____	“ _____
5. _____	“ _____	“ _____
6. _____	“ _____	“ _____
7. _____	“ _____	“ _____
8. _____	“ _____	“ _____

EMERGENCY DATA:

Emergencies are rare, but when a sudden sickness or accident occurs during school hours, the care of a child is a serious problem if we are unable to reach the parents. It is your responsibility to provide current names and phone numbers of other persons who may be contacted in the event of an emergency. Should a true crisis occur, an ambulance may be called. This community service is no longer free—any financial responsibility for ambulance service and emergency room care must be accepted by you.

Every effort is made to keep the building and grounds safe, but as you know, children can fall a short distance and sometimes be seriously hurt. Every precaution will be taken for your child's safety; therefore, the Preschool and all of its employees cannot accept financial responsibility for accidents occurring at the school.

Yes, I accept full financial responsibility in the event that ambulance service and/or emergency room care is required for my child. I will not hold Waikoloa Baptist Church/Keikiland responsible in case of accidents or any other mishaps on school property.

Parent's Signature _____ Day Phone: _____
Date

EXCURSION SLIP

This permission is to be effective for the entire school year in which my child is enrolled. I give my permission for my child _____ to participate in excursions and other activities planned by the school. I understand that every precaution will be taken for my child's safety. I will not hold the Waikoloa Baptist Church/Keikiland staff, drivers, or any adult assisting on these occasions responsible for any mishaps.

Parent's Signature _____ Date

Parent's Signature _____ Date

Fever, Colds, Communicable Illnesses:

_____ I understand that if my child is sent home with a fever of 100 degrees or higher, runny nose or unclear mucous (green/yellow), or any communicable illness, I will immediately pick my child up from school and will not allow him/her to return to school for 24 hours and/or without a written doctor's note.

****Biting****

I understand that if my child bites once, parents will be called. If twice, parents will be called to pick up their child from school and a conference will be set up with the teacher and director. If your child bites THREE times, possible dismissal may arise (no refund).

Parent Signature _____ Date _____

Parent Signature _____ Date _____

PRESCHOOL ADMISSION**PERSONAL HISTORY**

Type of Birth: ☐ Normal ☐ Premature Complications _____

Is child a good climber? _____ Does child fall easily? _____ Age child began talking _____

Does child speak in words? _____ Sentences? _____ Other language? _____

Special words child uses to describe needs _____

HEALTH

What communicable diseases has child had? ☐ Mumps ☐ Chicken Pox ☐ Measles
☐ Whooping Cough ☐ Other _____

Any serious illness or hospitalization? (List) _____

Any physical disabilities? _____ Any known allergies? _____

Any foods your child cannot eat? _____

TOILET HABITS

Can your child be relied upon to indicate his/her bathroom wishes? _____ Does your child have frequent toilet accidents? _____ How does your child react to them? _____

SLEEPING HABITS

What times does child go to bed? _____ Awaken? _____ Does child have own room? _____ What is your child's mood upon awakening? _____ Does child take a nap? _____

SOCIAL RELATIONSHIPS

Has your child had experiences playing with other children? _____

By nature is your child: ☐ Friendly ☐ Aggressive ☐ Shy ☐ Withdrawn

Do you feel your child will adjust easily to a daycare situation? _____

Does your child enjoy being alone? _____ How does your child relate to strangers? _____

What makes your child angry? _____ How does your child show his/her feelings? _____

What do you find is the best way of handling your child? _____

How do you comfort your child? _____

Is your child frightened by any of the following? ☐ Animals ☐ Dark ☐ Loud Noises ☐ Storms
Other _____

COMMENTS: In what particular way can we help your child this year? _____

I have carefully read the front page of the contract of my child's application and the pack that is attached to it. I will ask the director if I have questions or concerns. I have received and read the Parent Handbook.

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

How did you hear about us?

___ Website

___ Phone book

___ Friend

___ Sign on building

___ Relative

Emergency Contact Information Sheet:

Child's Name: _____ Date of Birth _____

1. Below are names and phone numbers of people I would like the school to phone, in the order they are listed, in case of an emergency:

A. _____

Name

Relationship

Phone No.

B. _____

Name

Relationship

Phone No.

C. _____

Name

Relationship

Phone No.

2. Current medical problems, conditions, or regular medications:

Problem/Conditions: _____

*****Known Allergies: Yes Or No** Please list: _____

Medications: _____

3. Emergencies are rare, but when a sudden sickness or accident occurs during school hours, the care of the children is our utmost intent. Please be sure to keep the names and phone numbers up-to-date. Should a true crisis occur, an ambulance may be called. Any financial responsibility for ambulance service and/or emergency room care, must be accepted by you. Please be assured that every precaution will be taken to insure your child's safety.

4. Persons authorized to pick up your child from school; INCLUDING PARENTS are listed below, as well as their daytime phone numbers:

A. Name _____ Number _____ Rlt. _____

B. Name _____ Number _____ Rlt. _____

C. Name _____ Number _____ Rlt. _____

D. Name _____ Number _____ Rlt. _____

I have read the following DHS guidelines and agree to follow them.

Print Name _____ Signature _____