

**IROQUOIS POINT PRESCHOOL**  
**5111 Iroquois Avenue · Ewa Beach, HI 96706 · 499-1279**  
**School Year 2020-2021**

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Welcome to Iroquois Point Preschool (IPPS). In this letter you will find the information necessary to enroll your child at IPPS. We highly suggest that you begin your paperwork as soon as possible. If you have any questions or something is unclear, please do not hesitate to contact the school.

All paperwork must be completed prior to registration. If paperwork is not completed your slot will be offered to the next qualified individual. If you choose to withdrawal your student prior to the first day of school, a 30-day written notice is required. All annual comprehensive fees are non-refundable.

**NEW STUDENTS**

The following is required for ALL new students:

- Copy of birth certificate
- Student's Health Record (DOE Form 14) – child's physical and TB clearance must have taken place within 12 months of enrollment; therefore, between 8/1/2019 and 8/1/2020.
- Early Childhood Pre-K Health Record Supplement (DHS Form 908)

(The forms listed above can be downloaded from our website [www.iroquoispointpreschool.com/admissions.](http://www.iroquoispointpreschool.com/admissions.))

**NEW PARENT/GUARDIAN VOLUNTEERS**

New parents/guardians planning to volunteer in the classroom are required to complete the following:

- Proof of TB clearance (must have taken place within 12 months of enrollment; therefore, between 8/1/2019 and 8/1/2020).

**RETURNING STUDENTS & PARENT/GUARDIAN VOLUNTEERS**

- Returning students and volunteers do not need a new TB clearance.
- Returning students do not need to submit new physical or immunizations; however, if your child received immunizations within the past year please submit the appropriate documentation so we can update the student's records.
- If you are a returning volunteer but are enrolling a new child please complete the documentation under the NEW STUDENT section above.

**ADDITIONAL DOCUMENTS (Required at the time of registration)**

- Tuition Express Form (print and complete the Electronic Funds Transfer Authorization Form located on our website at <https://www.iroquoispointpreschool.com/admissions.html> ). Tuition must be paid in full or via tuition express which will allow us to make 10 equal monthly automatic withdrawals from your account (see fee schedule for tuition breakdown).
- Cash or Check Payable to IPPS for your annual comprehensive fee of \$285.00 (\$235 for 4-Year-Old Pre-Kindergarten Program). *Note: Comprehensive fee is non-refundable.*

**AGE REQUIREMENTS**

3-YEAR-OLD PRESCHOOL PROGRAM – Child must be 3 years old by 7/31/2020

3-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 3 years old by 7/31/2020

4-YEAR-OLD PRESCHOOL PROGRAM – Child must be 4 years old by 7/31/2020

4-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 4 years old by 7/31/2020

4-YEAR-OLD PRE-KINDERGARTEN PROGRAM – Child must be 4 years old by 7/31/2020

**VOLUNTEER POINT SYSTEM (requirements):**

You will be signing up for the majority of your points at the beginning of the school year. If you join the school mid-year, you must contact the appropriate leaders to sign up for your required points.

**REQUIRED POINT BREAKDOWN *per Year***

ALL PROGRAMS
1 – Carnival Meeting
1 – Fundraising Point (Carnival)
2 – Yard Days
2 – Miscellaneous Points
6 Points Total

Points are tallied *per school year*. Fees are assessed for missed points and will be charged at the time they are missed.

**IROQUOIS POINT PRESCHOOL**  
CHECKLIST – Member copy

Child's Name: \_\_\_\_\_

	<b>Comprehensive Fee - \$285.00 annual fee (\$235 for 4-Year-Old Pre-Kindergarten Program) due at the time of registration – non-refundable</b>
	<b>Tuition Express Form (Electronic Funds Transfer Authorization Form)</b>
	<b>Tuition (for students enrolling after the 1<sup>st</sup> day of school)</b>
	<b>Copy of Birth Certificate</b>
	<b>Student Information Sheet</b>
	<b>IPPS Contract</b>
	<b>IPPS Fee Schedule</b>
	<b>Parental and Hold Harmless Agreement</b>
	<b>Discipline and Touch Policy</b>
	<b>Points Explanation Checklist</b>
	<b>Authorization for Release of Information (Privacy Act)</b>
	<b>Consent for Emergency Medical or Surgical Care</b>
	<b>IPPS Food handling instructions</b>
	<b>Child's Health Record – DOE Form 14 (Contains physical, TB Clearance and shot record)</b>
	<b>Early Childhood Pre-K Health Record Supplement (DHS Form 908)</b>
	<b>Volunteer proof of PPD test.</b> We will accept your shot record with proof a PPD test dated in the current year. If you test + for TB we will need a clear chest X-ray before you can work in the class. Any parent wishing to work in the classroom must complete a TB test.
	<b>Child's T-Shirt received.</b> Each child is given one T-shirt per school year.
	<b>Emergency Contact/Authorized Pick-Up Form</b>
	<b>Informed on Shutterfly and school's website (<a href="http://www.iroquoispointpreschool.com">www.iroquoispointpreschool.com</a>) (at Orientation Meeting).</b>

**IROQUOIS POINT PRESCHOOL**  
CHECKLIST – File copy

Child's Name: \_\_\_\_\_

	<b>Comprehensive Fee - \$285.00 annual fee (\$235 for 4-Year-Old Pre-Kindergarten Program) due at the time of registration – non-refundable</b>
	<b>Tuition Express Form (Electronic Funds Transfer Authorization Form)</b>
	<b>Tuition (for students enrolling after the 1<sup>st</sup> day of school)</b>
	<b>Copy of Birth Certificate</b>
	<b>Student Information Sheet</b>
	<b>IPPS Contract</b>
	<b>IPPS Fee Schedule</b>
	<b>Parental and Hold Harmless Agreement</b>
	<b>Discipline and Touch Policy</b>
	<b>Points Explanation Checklist</b>
	<b>Authorization for Release of Information (Privacy Act)</b>
	<b>Consent for Emergency Medical or Surgical Care</b>
	<b>IPPS Food handling instructions</b>
	<b>Child's Health Record – DOE Form 14 (Contains physical, TB Clearance and shot record)</b>
	<b>Early Childhood Pre-K Health Record Supplement (DHS Form 908)</b>
	<b>Volunteer proof of PPD test.</b> We will accept your shot record with proof a PPD test dated in the current year. If you test + for TB we will need a clear chest X-ray before you can work in the class. Any parent wishing to work in the classroom must complete a TB test.
	<b>Child's T-Shirt received. Each child is given one T-shirt per school year.</b>
	<b>Emergency Contact/Authorized Pick-Up Form</b>
	<b>Informed on Shutterfly and school's website (<a href="http://www.iroquoispointpreschool.com">www.iroquoispointpreschool.com</a>) (at Orientation Meeting).</b>

# Iroquois Point Preschool Student Information Sheet

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

Student's Nickname: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ (optional)

Mother/Guardian's Name: \_\_\_\_\_

Mother/Guardian's Maiden Name: \_\_\_\_\_

Is mother/guardian CPR certified? Yes  No

Is mother/guardian willing to substitute teach, *if needed*? Yes  No

Father/Guardian's Name: \_\_\_\_\_

Is father/guardian CPR certified? Yes  No

Is father/guardian willing to substitute teach, *if needed*? Yes  No

Names of Siblings

Age

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Home address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/Guardian's cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Mother/Guardian's email address: \_\_\_\_\_

Father/Guardian's cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Father/Guardian's email address: \_\_\_\_\_

**HEALTH**

Please check all communicable diseases child has had:

Measles (red)  Measles (3 day)  Mumps  Chicken pox  Whooping cough  None

Other (please list) \_\_\_\_\_

Serious illness/hospitalization (including at birth) \_\_\_\_\_

Physical disabilities or asthma/RAD \_\_\_\_\_

Allergies (please list all – food and medication)  
\_\_\_\_\_

If child has severe allergies, do they require an EpiPen be kept at school? Yes  No

Reaction to fever (pale, flushed, sleepy) \_\_\_\_\_

Medications (even if infrequently used, but not cold meds) \_\_\_\_\_

Any major developmental delays \_\_\_\_\_

Concerns about child’s speech, management of emotions, development \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HABITS**

Eating problems/habits staff should know of \_\_\_\_\_

Can child indicate his/her bathroom needs reliably? Yes  No

Any concerns in this area? \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

Does child verbalize his/her needs? Yes  No

Has he/she been in childcare? Yes  No  Another preschool? Yes  No

Is he/she outgoing? Yes  No  Or shy? Yes  No

Please circle all that may apply to your child (leave blank if none apply):

Socialization

Very Shy

Lacks Confidence

Suffers from separation anxiety

Does not interact well with other children

Behavior

Throws tantrums

Difficulty with following rules

Hard to handle behavior

Attention Span

Does not finish a task

Goes from one activity to another without really focusing

Speech

Hard to understand

Mispronounces many words

Stutters

Language/Understanding

Difficulty following or remembering directions

Difficulty expressing him/herself

Difficulty remembering information from one day to the next

Difficulty picking up new words or ideas

Body Control/Movement

Clumsy

Difficulty throwing or catching a ball

Difficulty jumping or hopping

Difficulty using scissors, pencils

Difficulty building with blocks

Difficulty using two hands at once

Do you feel child will adjust easily to Preschool? Yes  No

Does child verbalize feelings and/or act on them? \_\_\_\_\_

What makes the child mad/upset? \_\_\_\_\_

What is the best way of handling child? \_\_\_\_\_

Any fears (animals/dark/noises)? \_\_\_\_\_

Please provide the teacher with any additional information that may allow her to understand your child's needs or behavior (i.e., move, parent/guardian deployment, schedule change, divorce/separation, illness, etc.).

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**COMMENTS**

What do you expect from this program?

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**IROQUOIS POINT PRESCHOOL  
CONTRACT OF AGREEMENT**

**TUITION/PAYMENT**

**Tuition** can be paid in full or in 10 equal monthly installments via Tuition Express. Please see attached fee schedule for tuition amounts. Tuition will not be reduced due to holidays, sick days and/or vacations. Students enrolling after the 1<sup>st</sup> day of school may also pay in equal installments; however, the installment amounts will be prorated based on the number of instruction days remaining for the school year.

**Payment of tuition in 10 monthly installments** is due on the first working day of each month through direct withdrawal (Tuition Express) from your checking or savings account. Payments returned for insufficient funds are subject to a late payment fee. All late charges accrued during a given month are payable no later than the last day of that month and additional late payment fees will be added to any account balance carried over into the following month.

**POINTS**

Each member must earn a set number of points each school year. These points will be your responsibility. Classroom and Yard Day leaders will advise the administrative staff when a member fails to earn required points. If a member has a problem meeting the point obligation, he/she should contact the appropriate representative and discuss alternatives. A fee is assessed for each missed point.

**LATE PICK-UP CHARGES**

Children should be picked up punctually at their dismissal times. A fee will be assessed for every 10 minutes or portion thereof the preschool cares for the child.

**ILLNESS**

Sick children should not be sent to school (i.e., fever, vomiting, pink eye, head lice, etc.). When IPPS staff deems a child to be sick, the parent/guardian or emergency contact will be contacted to pick up the child. Parents are required to notify the Preschool if the child is absent due to a contagious illness. A doctor's note authorizing the child's return to school is required when a child has had a contagious illness or was sent home by the Preschool staff. Siblings with a contagious illness should not be brought to the Preschool even to drop off/pick up the student.

**WITHDRAWAL**

A thirty day (30) written notice is required when withdrawing a student. A review of points will be performed and fees will be assessed for points not fulfilled. All tuition and registration fees are non-refundable unless due to a move or other unforeseen circumstances such as illness. If proper proof of such circumstance is provided, tuition may be prorated based on the number of days a student is in attendance for that given month. No refunds will be provided for students being involuntarily withdrawn from school due to behavioral issues.

I have read and understand the "Iroquois Point Preschool Contract of Agreement".

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Parent/Guardian signature

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Date

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Printed Name of Student



Iroquois Point Preschool  
 Fees for the 2020-2021 School Year  
 Please make checks payable to: IPPS

## Tuition

Program	Comprehensive Fee *	Annual Tuition	10 Monthly Installments	Class Hours
3 yr old preschool	\$285.00	\$2,480.00	\$248.00	T/TH 8:30-11:30 AM
3 yr old preschool <i>extended day</i>	\$285.00	\$3,290.00	\$329.00	T/TH 8:30-12:30 PM
4 yr old preschool	\$285.00	\$3,690.00	\$369.00	M/W/F 8:30-11:30 AM
4 yr old preschool <i>extended day</i>	\$285.00	\$4,920.00	\$492.00	M/W/F 8:30-12:30 PM
4 yr old pre-kindergarten <i>(afternoon)</i>	\$235.00	\$6,110.00	\$611.00	M-F 12:00-3:30 PM

***Tuition can be paid in full – or – in 10 equal monthly installments which will be withdrawn via direct deposit using a program called Tuition Express. If payments will be made monthly, a completed Tuition Express authorization form is required at the time of registration. All other fees (i.e., comprehensive fees, etc. may be paid by cash or check payable to IPPS.)***

***\*Comprehensive Fee is non-refundable.***

***1<sup>st</sup> Tuition Express withdrawal = August 5<sup>th</sup>. Last Tuition Express withdrawal = May 5<sup>th</sup>.***

For students enrolling after the first day of school, tuition will be prorated based on the student's start date.

## Other Fees

Fee	Amount
Late Tuition Payment (after the 5 <sup>th</sup> of the month)	\$15.00
Late Tuition Payment (after the 15 <sup>th</sup> of the month)	\$15.00
Late Tuition Payment (paid in the next month)	\$45.00
Returned Check Fee	\$15.00
Missed Point Fee	\$100.00 (Yard Day, Carnival Meeting and Miscellaneous Points) \$300.00 (Halloween Carnival – Fundraising Point)
Late Pick-up Fee	\$5.00/10 minutes
Additional School T-Shirt	\$10.00/child - \$20.00/adult

**Siblings and/or children other than those enrolled at IPPS are not permitted to be under a volunteer's care during volunteer hours.**

*I have read and understand the "Fee Schedule for 2020-2021"*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Iroquois Point Preschool**  
**PARENTAL AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name

I/We, parent(s)/guardian(s) of afore-mentioned child, hereby give my/our consent to his/her participation at Iroquois Point Preschool ("the Preschool", "the Program"). I/We assume all risks and hazards associated with participation in this preschool program, and I/we do hereby hold harmless the organizers, sponsors, supervisors and volunteers from all claims of damages, any harm or injury, including death, sustained while participating in the Program including transportation to and from activities and field trips.

Should emergency medical treatment be necessary during this Preschool program, any examination, anesthetic, medical or surgical diagnosis and/or treatment, and/or hospital care which is advised by and rendered under the general or special supervision of any duly licensed physician or surgeon, I/We hereby grant consent to apply the following medical treatment to my child:

As needed     None    Only for \_\_\_\_\_

Based on past physical examinations and my/our personal knowledge, I/we are aware of no existing medical problems that would result in an injury to my/our child by actively participating in the Preschool program. This consent is given in advance of any specific diagnosis.

I/We understand that the Preschool staff will not administer any medications, prescribed or otherwise, and that if the aforementioned child requires prescribed medication on a scheduled or daily basis during the Preschool program hours, that I/we must personally administer the child's medication.

I/We agree to furnish a valid birth certificate of the aforementioned child upon request. I/We agree and concur with the assignment of my/our child to any activities or field trips which the Preschool so designates.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Iroquois Point Preschool  
**Discipline and Touch Policy**

Child's Name: \_\_\_\_\_

**Discipline Policy:**

Discipline will be constructive in nature, including such methods as diversion, separation of child from the situation, praise of appropriate behavior, and redirection of behavior to a positive channel. A child will not be punished by spanking, pinching, shaking or other corporal punishment. Verbal abuse, threats and derogatory remarks are strictly forbidden.

In the event the child's behavior is beyond our control; the parents will be called to remove the child from the preschool for that day. If disruptive behavior continues, parents will be requested to meet with the IPPS Director to try and resolve the reason for the child's exhibiting the disruptive behavior, and discuss a plan of action to assist the child in dealing with any problem that had occurred. If it seems professional help is required, the director will assist the parent in locating resources that are available. If the disruptive behavior continues, and all efforts by the child care staff have not been effective, the child will be suspended for a period of time. If after the suspension period has been completed and the child's behavior persists, the child's enrollment may be terminated.

**Touch Policy:**

All staff will become familiar with the definition of what is considered appropriate touch and inappropriate touch.

**Appropriate (acceptable) touch involves:**

- Recognizing the importance of physical contact to child nurturing guidance
- Adult respect for personal privacy and space
- Response affecting the safety and well-being of the child, e.g., holding hand when crossing the street, holding child gently but firmly during temper tantrum
- Examples: hugs, lap sitting, reassuring touches on the shoulder

**Inappropriate (NOT acceptable) touching involves:**

- Coercion or other forms of exploitation of child's lack of knowledge
- Satisfaction of adults' needs at the expense of the child
- Examples: forced goodbye kisses, corporal punishment, slapping, striking, pinching, prolonged tickling, biting, fondling or molestation. Although biting is very common in the early years, not all children bite. We can only speculate about the biting child's motivation as young children cannot analyze or explain their actions. If a child has a biting habit, please inform the staff so they can keep a close watch to protect other children. The staff will work with a bitter and his/her family to stop the behavior, but children who cannot be controlled will be subject to denial of care.

I have read and understand the "Discipline and Touch Policy"

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**IROQUOIS POINT PRESCHOOL  
EXPLANATION OF REQUIRED POINTS – (File copy)**

Child's Name: \_\_\_\_\_

GENERAL INFORMATION

All members of the preschool must meet their volunteer point obligation in order for the school to be a success. When one member does not meet his/her obligations, another member has to. Failure to meet point obligations will result in a fine for each missed point. Continued missed points may result in the member being brought before the IPPS Board for consideration of termination from the Preschool. Please review the IPPS handbook for the repeat offender policy.

Members are required to earn a pre-determined number of points each school year. A point breakdown is listed on page 2 of this contract. Families with more than one child enrolled at the preschool are only required to earn one set of points each year.

POINTS EXPLANATION

**Please initial** in the space provided to indicate you have read and understand your point obligations for **EACH** school year.

**CARNIVAL MEETING – 1 point** \_\_\_\_\_

- Attend 1 Fundraising meeting to discuss the upcoming Halloween Carnival. Meeting date is TBA and is subject to change. Signing in is the only proof of attendance accepted.

**FUNDRAISING – 1 point** \_\_\_\_\_

- Members are required to participate in our Annual Halloween Carnival. Manning a booth, game, or activity during the event will suffice for this point.

**YARD DAY – 2 points** \_\_\_\_\_

- Participate in two monthly school cleanups *per year* on a designated Friday evening or Saturday morning. *The Yard Day Leader is responsible for accounting for this point.*

**MISCELLANEOUS – 2 points** \_\_\_\_\_

- Members are required to earn two miscellaneous point per school year. Examples include: volunteering in the classroom when needed, helping with additional fundraisers such as yard sales, chaperoning bus field trips, etc.) *\*\*If volunteering in the classroom or field trip...proof of TB clearance is required.*

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

\_\_\_\_\_  
Date

**Iroquois Point Preschool**

**Emergency Procedure**

Parents will be notified when school personnel determine a student's illness requires that the student must be sent home. If a parent cannot be immediately located, the school will call one of the emergency contacts listed on the student's registration form.

If a student sustains a serious injury, the school will call an ambulance and the student will be transported to the nearest medical facility.

**Consent for Emergency Medical or Surgical Care**

I hereby give my permission and I authorize **Iroquois Point Preschool** to obtain appropriate medical or hospital personnel to provide emergency medical or surgical care for my child (named below) in the event I cannot be contacted immediately. I will assume the cost of necessary medical or surgical care.

I understand my obligation to keep all of my telephone numbers current and on file with the school the office.

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

Parent's Signature: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_  
(To be completed by director, teacher or secretary)

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

Unless sooner revoked or terminated by me this Consent for Emergency Medical or Surgical Care shall become null and void from and after June 1, 2021.

Please list any allergies that your child may have:

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

**Privacy Act Statement**

**Photography**

Iroquois Point Preschool (IPPS) and its members may take pictures of your child at school, on field trips and during parties and/or special events hosted by the school. These pictures may be used for educational purposes and to promote our school on the following:

- Classroom Projects
- IPPS Flyers, Pamphlets, Brochures
- IPPS Member's only Shutterfly Accounts
- IPPS School Website
- IPPS Facebook Page
- IPPS Instagram

**Personal Information**

Any information you provide to IPPS will be kept private and will never be bought, sold or given to any affiliate without your written consent. Our intention is to provide you and your student with the all of the available safeguards to keep your personal information private.

By signing this form, you are authorizing Iroquois Point Preschool to use pictures of the child/children named below in classroom projects, school flyers, pamphlets, brochures, Shutterfly accounts, and on our school's website and social media profiles.

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

\_\_\_\_\_  
Parent/Guardian's Name

Printed name of sibling(s) that may attend parties/special events hosted by the school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**Food Handling**  
Sign Off Sheet

Every student must bring a snack (or lunch for extended day classes) with them to class each day. Snack and lunch choices should be healthy in nature and follow USDA recommendations. Please reference the IPPS Handbook for more details on USDA approved snacks/lunches and their recommended portion sizes. Daily snacks and/or lunches can be prepared by you at home.

I, \_\_\_\_\_, understand that the snacks that I provide my child must meet the USDA recommended snack pattern (as detailed in the IPPS Handbook).

I, \_\_\_\_\_, agree not to pack food items that contain allergens as described by the school (school/class allergies will be disclosed by the school at orientation and/or registration).

Please complete the statement below regarding snack/food products brought into the school to share with the entire class for special events (birthdays, etc.) or class parties.

I, \_\_\_\_\_, understand that the snacks that I provide must meet the USDA recommended snack pattern as detailed in the IPPS Handbook and the food brought to school **MUST BE IN THE ORIGINAL SEALED PACKAGE.**

\_\_\_\_\_  
Parent/Guardian Volunteer Signature

\_\_\_\_\_  
Date

**Iroquois Point Preschool  
Emergency Contact/Authorized Pick-up Form**

Student's Name		
Parent's Name		
Parent Phone Number(s)	Home	
	Mom's Work	Dad's Work
	Mom's Cell	Dad's Cell
Emergency Contacts (in addition to parents)		
	Name	Phone Number
Authorized Drop-off/Pick-up (in addition to parents)		
	Name	Phone Number
Authorized Drop-off/Pick-up (in addition to parents)	Name	Phone Number
Student Allergies		
Parent/Guardian's Signature	X	