

IROQUOIS POINT PRESCHOOL
5111 Iroquois Avenue · Ewa Beach, HI 96706 · 499-1279
School Year 2021-2022

Welcome to Iroquois Point Preschool (IPPS). The following is 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 8/1/2020 and 7/31/2021.
- Early Childhood Pre-K Health Record Supplement (DHS Form 908)

(The forms listed above can be downloaded from our website 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 8/1/2020 and 7/31/2021).

***Volunteer opportunities will be dependent on the improvement of our community's COVID-19 situation. Currently, no volunteers are permitted in the classroom.*

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.

AGE REQUIREMENTS

3-YEAR-OLD PRESCHOOL PROGRAM – Child must be 3 years old by 7/31/2021

3-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 3 years old by 7/31/2021

4-YEAR-OLD PRESCHOOL PROGRAM – Child must be 4 years old by 7/31/2021

4-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 4 years old by 7/31/2021

4-YEAR-OLD PRE-KINDERGARTEN PROGRAM – Child must be 4 years old by 7/31/2021

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.

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IROQUOIS POINT PRESCHOOL
CHECKLIST – Member copy

Child's Name: _____

	Comprehensive Fee - \$285.00 annual fee due at the time of registration – <i>non-refundable</i>
	Tuition Express Form (Electronic Funds Transfer Authorization Form)
	Tuition (for students enrolling after the 1st day of school)
	Copy of Birth Certificate
	Student Information Sheet
	IPPS Contract
	IPPS Fee Schedule
	Parental and Hold Harmless Agreement
	Discipline and Touch Policy
	Points Explanation Checklist
	Authorization for Release of Information (Privacy Act)
	Consent for Emergency Medical or Surgical Care
	IPPS Food handling instructions
	Child's Health Record – DOE Form 14 (Contains physical, TB Clearance and shot record)
	Early Childhood Pre-K Health Record Supplement (DHS Form 908)
	Volunteer proof of PPD test. 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.
	Child's T-Shirt received. Each child is given one T-shirt per school year.
	Emergency Contact/Authorized Pick-Up Form
	Informed on Classtag and school's website (www.iroquoispointpreschool.com) (at Orientation Meeting).

IROQUOIS POINT PRESCHOOL
CHECKLIST – File copy

Child's Name: _____

	Comprehensive Fee - \$285.00 annual fee due at the time of registration – <i>non-refundable</i>
	Tuition Express Form (Electronic Funds Transfer Authorization Form)
	Tuition (for students enrolling after the 1st day of school)
	Copy of Birth Certificate
	Student Information Sheet
	IPPS Contract
	IPPS Fee Schedule
	Parental and Hold Harmless Agreement
	Discipline and Touch Policy
	Points Explanation Checklist
	Authorization for Release of Information (Privacy Act)
	Consent for Emergency Medical or Surgical Care
	IPPS Food handling instructions
	Child's Health Record – DOE Form 14 (Contains physical, TB Clearance and shot record)
	Early Childhood Pre-K Health Record Supplement (DHS Form 908)
	Volunteer proof of PPD test. 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.
	Child's T-Shirt received. Each child is given one T-shirt per school year.
	Emergency Contact/Authorized Pick-Up Form
	Informed on Classtag and school's website (www.iroquoispointpreschool.com) (at Orientation Meeting).

Iroquois Point Preschool Student Information Sheet

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: None

Measles (red) Measles (3 day) Mumps Chicken pox Whooping cough COVID-19

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.).

COMMENTS

What do you expect from this program?

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 1st 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 (using Tuition Express) from your checking or savings account. Payments returned for insufficient funds are subject to return check and late payment fees. 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.

***Volunteer opportunities will be dependent on the improvement of our community's COVID-19 situation. Currently, no volunteers are permitted in the classroom or on campus. Therefore, until COVID-19 restrictions are lifted, IPPS will not be assessing volunteer points. We are keeping this section as part of our contract in hopes that we will someday be able to invite our volunteers back on campus.*

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 during school hours, 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 Preschool staff. Family members with a contagious illness should not be on the Preschool campus (to include to drop off/pick up times).

IPPS will follow the CDC's guidelines for COVID-19 School Symptom Screening (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/school-screening-flowchrt-print.pdf>):

- Symptomatic with negative COVID-19 test: Students who exhibit COVID-19 symptoms* but test negative for COVID-19 should stay home until symptoms have improved according to the existing school policy, typically 24 hours without fever and no use of fever reducing medicine.
- Symptomatic with positive COVID-19 test: Stay home for at least 10 days after symptom onset + symptoms have improved + 24 hours without fever and no use of fever reducing medicine.
- Asymptomatic with Close Contact: Students who have been in close contact** with a person who has tested positive for COVID-19 shall not come to school until completion of their 14-day quarantine and/or a negative COVID-19 test (test must occur on day 5 or later of contact).
- Asymptomatic with a positive COVID-19 test: Students who do not have symptoms but have tested positive for COVID-19 should stay home for at least 10 days after positive test result.

* COVID-19 symptoms according to the CDC: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

** Close Contact as defined by the CDC: If you came in close contact, within 6 feet for a total of 15 minutes or more, with a person who has COVID-19.

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”.

Parent/Guardian signature

Date

Printed Name of Student

Iroquois Point Preschool
 Fees for the 2021-2022 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	\$2,930.00	\$293.00	T/TH 8:30-11:30 AM
3 yr. old preschool <i>extended day</i>	\$285.00	\$3,770.00	\$377.00	T/TH 8:30-12:30 PM
4 yr. old preschool	\$285.00	\$4,190.00	\$419.00	M/W/F 8:30-11:30 AM
4 yr. old preschool <i>extended day</i>	\$285.00	\$5,470.00	\$547.00	M/W/F 8:30-12:30 PM
4 yr. old pre-kindergarten <i>(afternoon)</i>	\$285.00	\$6,250.00	\$625.00	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.***

1st Tuition Express withdrawal = August 5th. Last Tuition Express withdrawal = May 5th.

For students enrolling after the first day of school, tuition will be prorated based on the student's start date and the number of instruction days remaining for the school year.

Other Fees

Fee	Amount
Late Tuition Payment (after the 5 th of the month)	\$15.00
Late Tuition Payment (after the 15 th 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 2021-2022"

 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

***Volunteer opportunities will be dependent on the improvement of our community's COVID-19 situation. Currently, no volunteers are permitted in the classroom or on campus. Therefore, until COVID-19 restrictions are lifted, IPPS will not be assessing volunteer points. We are keeping this section as part of our contract in hopes that we will someday be able to invite our volunteers back on campus.*

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, 2022.

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 ClassTag 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, Classtag 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	