

**IROQUOIS POINT PRESCHOOL**  
**5111 Iroquois Avenue · Ewa Beach, HI 96706 · 499-1279**  
**School Year 2023-2024**

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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/Risk Assessment must have taken place within 12 months of enrollment; therefore, between 8/1/2022 and 7/31/2023.
- 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/chaperone field trips are required to complete the following:

- Proof of TB clearance (test or risk assessment must have taken place within 12 months of enrollment; therefore, between 8/1/2022 and 7/31/2023).

**RETURNING STUDENTS & PARENT/GUARDIAN VOLUNTEERS**

- Returning students and volunteers do not need a new TB clearance/Risk Assessment.
- 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 \$315.00.

**AGE REQUIREMENTS**

3-YEAR-OLD PRESCHOOL PROGRAM – Child must be 3 years old by 7/31/2023

3-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 3 years old by 7/31/2023

4-YEAR-OLD PRESCHOOL PROGRAM – Child must be 4 years old by 7/31/2023

4-YEAR-OLD PRESCHOOL EXTENDED DAY - Child must be 4 years old by 7/31/2023

4-YEAR-OLD PRE-KINDERGARTEN PROGRAM – Child must be 4 years old by 7/31/2023

Iroquois Point Preschool  
**CHECKLIST – Member copy**

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

	<b>Comprehensive Fee - \$315.00 annual fee due at the time of registration – <i>non-refundable</i></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>Authorization for Release of Information (Privacy Act Statement)</b>
	<b>Consent for Emergency Medical or Surgical Care</b>
	<b>IPPS Snack/Lunch Sign-off</b>
	<b>Child's Health Record – DOE Form 14 (Contains physical, TB Clearance/Risk Assessment and shot record)</b>
	<b>Early Childhood Pre-K Health Record Supplement (DHS Form 908)</b>
	<b>Volunteer proof of PPD Clearance/Risk Assessment.</b> We will accept your shot record with proof a PPD test/risk assessment 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 volunteer in the classroom/chaperone field trips must complete a TB test or Risk Assessment.
	<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 about Classtag 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 - \$315.00 annual fee due at the time of registration – <i>non-refundable</i></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>
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	<b>Emergency Contact/Authorized Pick-Up Form</b>
	<b>Informed about Classtag 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 cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

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

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

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

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

Names of Siblings	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Mailing address: \_\_\_\_\_

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

**HEALTH**

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Please check all communicable diseases your child has had:

- None
- Measles (red)
- Measles (3 day)
- Mumps
- Chicken pox
- Whooping cough
- Other *(please list)* \_\_\_\_\_

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

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

**Allergies** (please list all – food and medication)

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

What is your child's 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 \_\_\_\_\_

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### PERSONAL HABITS

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

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

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

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### SOCIAL RELATIONSHIPS

Does your 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 check 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 your child will adjust easily to Preschool? Yes  No

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

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

What is the best way of handling your child when mad/upset? \_\_\_\_\_

Does your child have any fears (animals/dark/noises)? \_\_\_\_\_

Please provide the teachers with any additional information that may allow them to understand your child's needs or behavior (i.e., recent 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**

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**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 5<sup>th</sup> 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.

**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, COVID-19, 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 Hawaii Department Human Services, Hawaii Department of Health and CDC's guidance for COVID-19 School Symptom Screening. All IPPS members and staff understand that this guidance is subject to change and agrees to abide by the school policies and procedures regarding COVID-19. These policies and procedures are detailed in the school's Handbook.

**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  
**SY 2023-2024 FEE SCHEDULE**

## Tuition

Program	Comprehensive Fee *	Annual Tuition	10 Monthly Installments	Class Hours
3 yr. old preschool	\$315.00	\$3,140.00	\$314.00	T/TH 8:30-11:30 AM
3 yr. old preschool <i>extended day</i>	\$315.00	\$4,040.00	\$404.00	T/TH 8:30-12:30 PM
4 yr. old preschool	\$315.00	\$4,490.00	\$449.00	M/W/F 8:30-11:30 AM
4 yr. old preschool <i>extended day</i>	\$315.00	\$5,850.00	\$585.00	M/W/F 8:30-12:30 PM
4 yr. old pre-kindergarten <i>(afternoon)</i>	\$315.00	\$6,450.00	\$645.00	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 ***on the 5<sup>th</sup> of every month*** 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.***

***First 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 first day of school and the number of instruction days remaining for the school year.

## 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
Late Pick-up Fee	\$10.00 for every 10 minutes
Additional School T-Shirt	\$10.00/child - \$20.00/adult

*I have read and understand the “Fee Schedule for 2023-2024”*

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

\_\_\_\_\_  
 Date



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

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\_\_\_\_\_  
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**

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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  
**EMERGENCY PROCEDURE**

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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, 2024.

Please list any allergies that your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Iroquois Point Preschool  
AUTHORIZATION FOR RELEASE OF INFORMATION  
**PRIVACY ACT STATEMENT**

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**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 accounts.

\_\_\_\_\_  
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

Iroquois Point Preschool  
**SNACK/LUNCH SIGN-OFF**

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**Lunch/Snacks**

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

I, \_\_\_\_\_, understand that the snacks/lunch that I provide my child must meet the USDA recommended snack/lunch 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).

**Classroom Celebrations**

If you wish to celebrate special moments in class with food items, you may do so; however, **ALL food items** brought to the school to share with other students **MUST** be **store bought** and brought to the school in its original packaging. NO homemade items will be allowed.

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

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 STORE BOUGHT AND IN THE ORIGINAL SEALED PACKAGING.**

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

\_\_\_\_\_  
Date

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

Student's Name		
Mom/Guardian's Phone Number	Mom/Guardian's Name	
	Mom/Guardian's Cell	Mom/Guardian's Work
Dad/Guardian's Phone Number	Dad/Guardian's Name	
	Dad/Guardian's Cell	Dad/Guardian's Work
Emergency Contacts <i>(other than parents/guardians)</i>		
	Name	Phone Number
Authorized Drop- off/Pick-up <i>(other than parents/guardians)</i>		
	Name	Phone Number
Student Allergies		
Parent/Guardian's Signature	X	