



HĀLAU O 'AULANI

4309 Holmehurst Way West, Bowie, MD 20720, tel. (301) 919-7905, email: halauoaulani@yahoo.com

ENROLLMENT APPLICATION

Please type or write legibly.

Student Name _____ M ☐ F ☐

Student's Hawaiian Name, if any _____

Family Hawaiian Name, if any _____

Address _____

_____ City _____ State _____ Zip Code _____

Telephone Home _____ Work _____

E-Mail _____ Fax _____

Cellular _____ Pager _____

Place of Employment, if adult age 18+ _____

Position _____

Work Address _____

_____ City _____ State _____ Zip Code _____

Date of Birth _____

Other Family Member(s)

_____ Name _____ Date of Birth _____ Relationship _____

_____ Name _____ Date of Birth _____ Relationship _____

_____ Name _____ Date of Birth _____ Relationship _____

Spouse or Father/Guardian, if child _____

Address _____

_____ City _____ State _____ Zip Code _____

Telephone Home _____ Work _____

E-Mail _____ Fax _____

Cellular _____ Pager _____

Place of Employment _____ Position _____

Work Address _____

City

State

Zip Code

Mother/Guardian, if child _____

Address _____

City

State

Zip Code

Telephone Home _____ Work _____

E-Mail _____ Fax _____

Cellular _____ Pager _____

Place of Employment _____ Position _____

Work Address _____

City

State

Zip Code

Primary Residence ☐ With Mother ☐ With Father ☐ With Both

☐ With Guardian (Name) _____

Parent's Marital Status ☐ Married ☐ Single ☐ Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

(If yes, include person in release section below. If no, documentation from the court may be required)

In addition to the custodial parent or parents, the child should be released only to the following other persons

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please complete for child or adult.

Student's Physician _____ Address _____ Phone _____

Any allergies or special needs _____

Do you or your child have any special fears or problems? _____

Hospital preference _____

Emergency contacts other than parents or spouse

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FIRST AID

I hereby authorize the staff and Director, representing Halau O 'Aulani to give consent for any and all necessary emergency medical and First aid care for myself/my child _____, while said child is in their custody.

SIGNATURE OF STUDENT (PARENT/GUARDIAN IF CHILD)

Student Name _____

SCHOOL PUBLICITY

Permission (is/is not) given to photograph myself/my child for school publicity purposes.

SIGNATURE OF STUDENT (PARENT/GUARDIAN IF CHILD)

STUDENT/PARENT AGREEMENT

The Halau will operate January to December at two 3- and one 4-month terms for qualified students beginning at age 5.

I agree to pay in advance tuition for each 3-month term and fall 4-month term.

The tuition is \$265 for each 3-month term (\$230 for a student if grandparent, parent or two siblings are enrolled in the same term; \$215 for a student if three family members are enrolled; \$195 for a student if four family members; \$170 for a student if five or more family members are enrolled; and \$135 for a student in the special Kupuna class). The tuition for the 4-month spring/summer term is \$345 for a single enrollee (\$300 each for two students from the same family; \$280 each for three students from the same family; \$255 each for four students from the same family; \$225 each for five or more students in the same family enrolled; and \$175 for a student in the special Kupuna class). I agree to pay this tuition upon enrolling myself/my child.

I will notify the school as soon as possible of my or my child's enrollment termination.

I am aware that a \$25.00 bookkeeping fee will be charged for payments received after the first class of each term.

I am aware that a \$40.00 fee will be charged for each returned check.

Tuition financial assistance is available. Please contact the Principal or Vice Principal for information.

SIGNATURE OF STUDENT (PARENT/GUARDIAN IF CHILD)

DATE

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL PRINCIPAL OR
VICE PRINCIPAL ON OR BEFORE THE FIRST DAY OF STUDENT'S ATTENDANCE.**

Nondiscriminatory Policy

The school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.