

Hilo Church of the Nazarene

Hale Aloha Nazarene School

595 Kupulau Rd.

Hilo, HI 96720

959-4949 959-7020-fax

Richard A. Ragle
Pastor

Stacia Burton
Principal



... at the foot of the cross.

TUITION FEE SCHEDULE

2026-27

PRESCHOOL FEES:

YEARLY COMP. FEE: \$275.00

REGISTRATION FEE: \$50.00 (NEW STUDENTS ONLY)

MONTHLY RATES:

2:30 Pickup.....\$875.00

5:30 Pickup.....\$925.00

Drop off time is any time after 6:45am

Multi-Student Family Discounts:

1st Child Full Rate

2nd Child Pay 75%

3rd Child Pay 50%

4th Child Free

Please Note: We do not provide school lunches. You must prepare a home lunch for your child every day. We do provide morning and afternoon snacks.

HALE ALOHA NAZARENE SCHOOL
APPLICATION FORM

595 KUPULAU RD
HILO, HI 96720
PHONE: 959-4949



FOR OFFICE USE ONLY
Registration Fee N/A
Comprehensive Fee _____
Health Card N/A
Date of Entry _____
Emergency Form _____
Handbook _____
Scanned _____

**A \$275.00 Comprehensive Fee must accompany this application for all students.
This fee is NOT REFUNDABLE.**

PICK UP TIME 2:30 ___ 5:30 ___

Name (Legal) _____ M ___ F ___
Last First Middle Preferred Name
Mailing Address _____ Phone _____
Physical Address _____ Street City Zip Code email address
Street City Older Younger
Birthdate _____ Birthplace _____ No. Siblings: Brothers _____
Sisters _____
Requested Date of Entry _____ Requested Class (3's or 4's) _____
Language Spoken In The Home _____

FATHER OR GUARDIAN

Name _____ Living With Child: Yes ___ No ___
Racial Ancestry _____ Deceased _____ Divorced _____
Occupation _____ Business Phone _____
Employer _____ Pager/Cellular# _____
Employer Address _____
Church Membership: No ___ Yes ___ Where _____

MOTHER OR GUARDIAN

Name _____ Living With Child: Yes ___ No ___
Racial Ancestry _____ Deceased _____ Divorced _____
Occupation _____ Business Phone _____
Employer _____ Pager/Cellular# _____
Employer Address _____
Church Membership: No ___ Yes ___ Where _____

MEDICAL INFORMATION

Name of Child's Doctor _____ Phone _____
Office Address _____ Medical Insurance _____
Allergies and Other Health Concerns _____

PERSONS TO BE NOTIFIED IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED:

- 1. Name _____ Relationship _____
Address _____ Telephone _____
- 2. Name _____ Relationship _____
Address _____ Telephone _____
- 3. Name _____ Relationship _____
Address _____ Telephone _____

HOW DID YOU HEAR ABOUT HALE ALOHA NAZARENE SCHOOL?

Friend/Relative _____ Newspaper _____ Yellow Pages _____ Other _____

POLICIES AND PERMISSION

I have read the HALE ALOHA NAZARENE SCHOOL Handbook and hereby agree to comply to all policies and procedures as stated, including:

POLICIES

My child must have a Health Card (Form 14) dated not more than three months prior to admission to school. An annual physical exam and dental certification is recommended.

My child will remain at home for all illnesses including fever, vomiting, diarrhea, impetigo, etc. A readmit slip is required from the doctor after childhood illnesses such as measles, mumps, chicken pox, etc. A label from medication will be required as proof of use in cases of "ukus" or head lice.

When my child becomes ill during a school day, I will take my child home as soon as possible when notified by the school.

I will notify the school between 7:00 and 8:00 AM if my child will be absent from school.

All tuition is due on the first day of the month and payable within the first ten (10) days of each month. A late fee will be charged after the tenth of the month. All tuition, registration fee and comprehensive fee are nonrefundable. A fee will be charged for checks returned by the bank. ***If applicable, the Registrar will give you an attached memo for payment schedule.**

I will notify the school of any changes in my telephone number, address or place of employment.

I will notify the school office in writing at least two weeks in advance or pay two weeks tuition when disenrolling my child.

If my child is in Preschool Program, and he/she is not picked up by 5:30 PM, a late fee will be charged.

My child will be picked up by (please list at least one person other than parents):

| | | |
|----|---------------|--------------------|
| 1. | Name _____ | Relationship _____ |
| | Address _____ | Telephone _____ |
| 2. | Name _____ | Relationship _____ |
| | Address _____ | Telephone _____ |
| 3. | Name _____ | Relationship _____ |
| | Address _____ | Telephone _____ |
| 4. | Name _____ | Relationship _____ |
| | Address _____ | Telephone _____ |
| 5. | Name _____ | Relationship _____ |
| | Address _____ | Telephone _____ |

I will contact the school when authorizing someone else to pick up my child. Positive identification of persons picking up my child will be required.

In the event that my child becomes ill or sustains an injury while in the care of HALE ALOHA NAZARENE SCHOOL I give my permission to those in charge to take the steps necessary to stop any bleeding. I understand the school will follow the Emergency Procedure: 1) Notify the parents/guardians; 2) Call the child's emergency contact persons; 3) Contact the child's doctor; 4) Call Hilo Benioff Medical Center, #932-3000; 5) Call #911 for all urgent situations. I understand a teacher, teacher assistant, or staff member will accompany my child and remain with my child until I can reach the treatment facility.

If it is not possible to reach the doctor named above or to receive my instruction for my child's care, consent is given to any licensed physician and/or surgeon called upon to administer treatment, drugs or medications, and perform such surgical procedures as he shall think the emergency requires for the relief of pain and to preserve his/her life and health. I will be responsible for all expenses incurred by such an illness or injury.

I agree that classroom, playground, Chapel, and field trip activities provide very effective learning experiences. My child, _____, has full approval to participate in any and all

(Child's Name)

activities planned for his/her class while enrolled at HALE ALOHA NAZARENE SCHOOL.

I fully understand that the teachers and staff will do their very best to supervise my child for his/her welfare and well-being; however, I am also aware of unforeseen incidents which may occur. I hereby agree to waive all responsibility of the teachers, staff and school in the event of such happenings.

We do take special note of the birth of our Savior, Jesus Christ. Our students have opportunity to celebrate this joyous event through special services and/or programs. Every student is required to participate in all general programs of the school.

Permission to Release Information to the Hilo Church of the Nazarene

HALE ALOHA NAZARENE SCHOOL is a ministry of the Hilo Church of the Nazarene. I fully realize that by signing this registration/application form, I am authorizing and consenting to the disclosure of my name, address, and telephone information to the staff of Hilo Church of the Nazarene.

Photo Release and Consent

I hereby grant permission to HALE ALOHA NAZARENE SCHOOL to use any or all photographs taken of my child while attending HANS or participating in any of the school's sponsored activities. These photos may be used for classroom and yearbook purposes. I fully realize that by signing this registration/application form, I am authorizing and consenting to the use of photos for these purposes.

Access, Confidentiality and Disclosure of Student Records

HANS, in compliance with the Family Educational Rights and Privacy Act, provides that with the exception of directory information, all student records are confidential and available only to the student.

Under the FERPA Act, parental access to student records may be granted if the student is under 21 years of age and the parent certifies in writing that the student is a dependent as defined by the IRS. In the case of divorce either parent (custodial or noncustodial) has access to the record of a dependent student. Information will be released to a third party by written permission only.

FERPA affords students certain rights with respect to their educational records. These rights include:

Access- The right to inspect and review the student's education records within 45 days of the day HANS receives a request for access. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading.

Right to file a complaint-A complaint may be filed with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.

Confidentiality and Disclosure

The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school may disclose education records without consent to officials of another school in which a student seeks or intends to enroll. Finally, "public information" may be released freely unless the student files the appropriate form requesting that certain public information not be released.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Ave., SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date


Hale Aloha Nazarene School

Supply List

2026-2027



Please mark all items and clothing with your child's name

- 1 Clorox or Lysol Wipes
- 1 Small blanket for naps (no sleeping bags, please);
small pillow optional. **MUST BE ABLE TO FIT IN CUBBY BASKET**
- 1 Twin Fitted Sheet
- 1 LARGE backpack labeled with child's name
- 1 Large ziplock bag with child's name on front and change of
clothes (also labeled) inside
- 1 Pair rubber slippers labeled with child's name
- 1 Box of tissues - Shoe Box size 
- 4 8 oz. bottles antibacterial liquid soap (Softsoap, Equate, or Dial only)
- 1 Box Band Aids
- 2 Hand Wipes (Wet Ones)
- 2 Paper Towels
- 1 Pkg Napkins
- 2 Boxes of 2 gallon ziploc bags
- 1 Large Water Bottle - filled with water to last the day

ALL OTHER ITEMS WILL BE SUPPLIED BY THE SCHOOL

BACK TO SCHOOL

