



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

St. Francis Preschool

Dear Parents and Guardians,

Thank you for your interest in St. Francis Preschool at the St. Francis Intergenerational Center. We look forward to collaborating with you on your child's educational journey, which includes special opportunities for the young to interact with the elderly in shared experiences. For your child to be accepted for admission, an interview must be scheduled, and the application form and all other supporting documents as noted below must be received before the child's first day of school.

- Completed Application form
- Copy of child's Birth Certificate
- Copy of Baptismal Certificate, if applicable
- Copy of Report Card or Progress Report, if applicable
- Test results from DOE or other agencies, if applicable
- \$25 Application Fee (non-refundable)

Incomplete Applications will not be returned.

Following review of your application and completed interview, you will be notified by acceptance letter. To confirm your child's enrollment, the remaining supporting fees and documents must be submitted.

- \$150 Registration Fee (non-refundable)
- \$100 Deposit
- Pupil Health Form (Form 14) (Current TB clearance & physical required upon entrance)
- Signed Parent Handbook Statement of Agreement
- Signed Authorization Form

Should you have any questions or concerns, please call the Preschool Office at (808)681-0100.

Sincerely,

Rochelle Takata
Director

APPLICANT INFORMATION: School Day () Full Day () Desired Start Date_____

Student's Name_____Nickname_____

Address_____

Mailing Address_____

Home Phone_____Birthdate_____ ()M or ()F

PARENT/GUARDIAN INFORMATION:

() Mother () Stepmother () Guardian

() Father () Stepfather () Guardian

Name/DOB:	Name/DOB:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:
Occupation/Title:	Occupation/Title:
Employer:	Employer:
Work Phone:	Work Phone:

Parents' Status: () Married () Single () Legally separated () Divorced () Deceased parent:_____

Who has physical custody of the applicant? _____
Name Relationship

If living separately, do you desire correspondence to be mailed to each parent? () Both () Mother only () Father only

The Hawaii Catholic Schools must report to the National Catholic Education Association and local agencies summary data on the gender, religion, and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his/her gender, religion and ethnic background on the application form. This information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong or identifies with. Thank you for your cooperation.

Religion (Please check)	Ethnic Background: (Check one only)	Language(s) Spoken at Home:
Catholic	American Indian	English
Christian	African American	Japanese
Buddhist	Asian	Hawaiian
Baptist	Native Hawaiian or other Pacific Islander	Chinese
Episcopalian	American Indian AND White	Other:
Lutheran	White/Caucasian	
Mormon	Asian AND White	
Other:	African American AND White	
None	Spanish, Cuban, Mexican, Puerto Rican	

We/I certify that the above information is complete and accurate. Any information found to be inaccurate might be considered grounds for dismissal from this school. I understand that all other requested documents must be received by stated due dates or as space permits in order for my child to be considered for enrollment.

Mother/Guardian Signature & Date_____Father/Guardian Signature & Date_____

MEDICAL INFORMATION:

Child's
Physician: _____ Phone: _____

Child's
Dentist: _____ Phone: _____

My child has health insurance: ☐ Yes ☐ No

If YES, check: ☐ Private or ☐ QUEST/Medicaid

If private, check your plan: ☐ HMSA ☐ Kaiser ☐ Tri-Care ☐ HMAA ☐ Other: _____

My child receives regular care for the following medical conditions:

☐ No medical condition

☐ Yes. Please describe.

Allergies? Please list allergy **and** reaction:

NOTE: Lunch & snacks are provided at our facility. Menus are posted monthly. For children who are lactose intolerant, parent must provide a milk substitute.

In case of an emergency, my child will be taken to the nearest emergency facility. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Mother/Guardian Signature & Date _____

Father/Guardian Signature & Date _____

How did you hear about St. Francis Preschool? () Newspaper/Advertising () Referred by family or friend () Television

Name of source_____

I/We have applied to various organizations regarding tuition subsidies.

() Child Care Connection () PATCH Preschool Open Doors () Pauahi Keiki Scholars () Child Care Aware of America

Please list the names of other preschools that your child has attended.

Why did you choose St. Francis Preschool for your child?

Please share any other pertinent information about your child that would be helpful in helping to better know, understand, and work with your child.



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

HUD income levels have been updated. We kindly ask that you fill out another form for this calendar year.

Thank you very much for entrusting St. Francis Preschool at the St. Francis Intergenerational Center to provide early childhood education to your child.

The St. Francis Intergenerational Center including St. Francis Preschool is supported by the U.S. Department of Housing & Urban Development's (HUD) Community Development Block Grant (CDBG) program through the City & County of Honolulu. The CDBG program requires that St. Francis Preschool serve all children including a percentage from eligible low- and moderate-income families.

To verify income, we ask that you do the following:

- Look at the HUD income level chart. **Find your family size.**
- Decide which form you will need to submit – only one form per family.
 - If your family income is within the 0%-80% income level, fill out Form 1 and attach the latest tax forms. OR
 - If your family income is over the 80% income level, sign Form 2 and nothing else is needed.

This verification is a requirement of the federally funded CDBG Program and is needed in your child's file. The verification process is used for every family that applies their child at the St. Francis Preschool at the St. Francis Intergenerational Center. We assure you all information will be kept confidential and used only for this purpose.

Should you have any questions or concerns, please call the St. Francis Preschool Office at 681-0100. We thank you for your cooperation.

Sincerely,

Rochelle Takata
Director
St. Francis Preschool

Enclosures

St. Francis Preschool
HUD Income Limits by Family Size

St. Francis Preschool of the St. Francis Intergenerational Center was made possible with Community Development Block Grant (CDBG) support from the U.S. Department of Housing & Urban Development (HUD) through the City & County of Honolulu. The CDBG program requires information on family size and income so that it is evident that a portion of the students are from low- and moderate-income households (24 Code of Federal Regulations §570.208(a)(2)(i)(B)).

Check box which represents your family size and income level:

HUD Income Limits Fiscal Year 2021 – Effective August 2021		
Family Size	0% - 80% Income Limit Adjusted Gross Income of All Family Members is:	81% and Above Adjusted Gross Income of All Family Members is:
1	<input type="checkbox"/> \$0 - \$67,680	<input type="checkbox"/> \$67,681+
2	<input type="checkbox"/> \$0 - \$77,360	<input type="checkbox"/> \$77,361+
3	<input type="checkbox"/> \$0 - \$84,040	<input type="checkbox"/> \$84,041+
4	<input type="checkbox"/> \$0 - \$96,640	<input type="checkbox"/> \$96,641+
5	<input type="checkbox"/> \$0 - \$104,400	<input type="checkbox"/> \$104,401+
6	<input type="checkbox"/> \$0 - \$112,160	<input type="checkbox"/> \$112,161+
7	<input type="checkbox"/> \$0 - \$119,840	<input type="checkbox"/> \$119,841+
8	<input type="checkbox"/> \$0 - \$127,600	<input type="checkbox"/> \$127,601+
	If you checked this column, submit Form No. 1	If you checked this column, submit Form No. 2
NOTE: For families with more than 8 members, please contact 808-768-7783.		



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

**St. Francis Preschool
Form No. 1
Certification Form of Family Composition & Income**

St. Francis Preschool of the St. Francis Intergenerational Center was made possible with Community Development Block Grant (CDBG) support from the U.S. Department of Housing & Urban Development (HUD) through the City & County of Honolulu. The CDBG program requires information on family size and income so that it is evident that a portion of the students are from low- and moderate-income households (24 Code of Federal Regulations §570.208(a)(2)(i)(B)).

To comply with CDBG documentation requirements, please submit and attach a copy of your most recent IRS 1040 or 1040EZ form with this signed form.

I, _____, parent/guardian of _____, hereby
(head of household) (name of student)

certify under penalty of law that the reported information on family composition and income amount and sources will not change in the following 12 months is true and correct to the best of my knowledge. Furthermore, I grant permission to share my IRS 1040 or 1040EZ form with the U.S. Department of Housing and Urban Development and the City & County of Honolulu, as needed. All information will be kept strictly confidential.

Signature

Date

St. Francis Intergenerational Center / St. Francis Preschool



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

**St. Francis Preschool
Form No. 2
Certification Form for Non-Submittal of Tax Forms**

St. Francis Preschool of the St. Francis Intergenerational Center was made possible with Community Development Block Grant (CDBG) support from the U.S. Department of Housing & Urban Development (HUD) through the City & County of Honolulu. The CDBG program requires information on family size and income so that it is evident that a portion of the students are from low- and moderate-income households (24 Code of Federal Regulations §570.208(a)(2)(i)(B)).

I, _____, parent/guardian of _____, hereby
(head of household) (name of student)

certify that our household is over the 80 percent median family income limit for the Honolulu Metropolitan Statistical Area, and does not qualify as a low- and moderate-income beneficiary under the CDBG program. Therefore, we will not submit our IRS 1040 or 1040EZ form.

Signature

Date

St. Francis Intergenerational Center / St. Francis Preschool