



# Waolani Judd Nazarene School

*Where faith and learning reflect the character of Christ*

408 N. Judd Street, Honolulu, HI 96817 · 808-531-5252 · Fax: 1-866-586-WJNS (9567) · office@wjns.org · www.wjns.org

## POLICIES AND PERMISSIONS

I have read the Waolani Judd Nazarene School Handbook and hereby agree to comply to:

### **POLICIES –**

- My child must have a health card (Form 14) dated not more than three months prior to admission to school. Once enrolled into school my child shall have a physical examination once every two years. An annual dental certificate is recommended.
- My child will remain at home for all illness including fever, vomiting, diarrhea, impetigo, strep throat, etc. A re-admit slip is required from the doctor after childhood diseases such as measles, mumps, chicken pox, strep throat, ect. A label from “A-200” or like shampoo will be required as proof of use in case of head lice.
- When my child becomes ill during the normal school day, I will take my child home as soon as possible when notified by the school.
- I will notify the school by 8:30am if my child will be absent from school. Messages may be left on the school voicemail at any time.
- I will notify the school of any changes in my telephone number, address, or place of employment.
- I will give a 30 day written notice before withdrawing my child from school.
- All tuition is due according to the arrangements with FACTS Management, unless paying annually at the beginning of the school year. All tuition is non-refundable.
- A late pick-up fee will be charged if my child is not picked up by 5:00pm for preschool, and 2:30pm for elementary and middle school
- A fee will be charged for checks returned by the bank.
- I will pay all fees incurred in the collection of delinquent tuition.

### **PERMISSION –**

- Only the people on my Parents Web Transportation Form are authorized to pick up my child.
- I will update Parents Web, call the school office, or notify my child’s teacher when authorizing someone else to pick up my child. Positive identification of person(s) picking up my child will be required.
- It is understood that a conscientious effort will be made in an emergency to notify parents/guardians before taking my child to the doctor/hospital. If we, as parents/guardians, cannot be located, we give permission to the school to contact our child’s personal physician, to transport our child to the nearest available hospital e.g. (Kuakini Medical Center), to call for emergency medical services, and/or do whatever is necessary for the well-being of my child. We will accept the expense of employing these services.
- We agree that classroom, playground, field trips, or Chapel activities provide very effective learning experiences. Our child(ren) has our full approval to participate in any and all activities planned for his/her class while enrolled at Waolani Judd Nazarene School.
- We fully understand that Waolani Judd Nazarene School and its teachers will do their very best to supervise my child for his/her welfare and well-being; however, we are also aware of any unforeseen incident which may occur. We hereby agree to waive all responsibility of the school and teachers in the event of such happenings.
- As part of our educational programs, Waolani Judd Nazarene School staff photography and video school activities and lessons. We are requesting your permission in writing to allow Waolani Judd Nazarene School, a non-profit private school, to use photographs, video footage, artwork, and student work samples to be used or displayed for promotional and/or educational purposes such as, but not limited to, promotional flyers, newsletters, school website, local newspaper, and for other news media sources.

I have set up my Parents Web and Facts account. Parents Web set-up date: \_\_\_\_\_ Facts set-up date: \_\_\_\_\_

Student Name:	Grade:	Student Name:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*This form will remain in effect for the duration of the above-mentioned child(ren)'s enrollment at Waolani Judd Nazarene School. Any updates or changes to school policy or procedures will automatically be accepted with the signing of this form. It is the responsibility of the family to stay informed of changes and notify the school office of concerns or discrepancies.**

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_