



# Kauai Christian Academy

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“Academically excellent, Christ-centered education”

## Enrollment Application

2023-2024

### Student

First	Middle	Last	Entering Grade	Start Date	Attendance <small>(Preschool only): Full Time or MWF</small>	Gender	Date of Birth

### Father (or Guardian)

Name	
Cell Phone	
Work Phone	
Occupation	
Email	

### Home

Phone	
Address	
Mailing <i>if different from Home</i>	

### Mother (or Guardian)

Name	
Cell Phone	
Work Phone	
Occupation	
Email	

Primary Phone\*

### Church

Name	
Pastor	
Phone	

### Emergency Contacts

In the case of an emergency in which we are unable to contact either parent, KCA will contact the following people in the order which they are listed.

Name	Relationship	Primary Phone	Secondary Phone

How did you hear about KCA?



**Medical Information**

Complete the box below for any of your children who have a history of any of the following: asthma, allergies (list), blood disorder, diabetes, epilepsy, heart problems, sickle cell anemia, seizures, or any other health problem

Name of Child	Explanation

**Additional Information**

If necessary, please attach additional explanations.

Does your child have any known physical or learning disabilities? If so, please describe.

Name of Child	Explanation

Has your child been subject to any significant disciplinary action by a previous school? If so, please explain.

Name of Child	Explanation

**Authorized Pick-Up**

I authorize the following individuals to pick-up my child(ren) from school. *Any requests to change this list must be made in writing before your child(ren) will be released to another individual.*

List First and Last Name of All People Authorized to Pick up Your Child(ren) (Include Relation to Child(ren))

By signing this enrollment form, I/we agree that:

- I/we have received, carefully read, and agree to the KCA statement of SCHOOL POLICIES.
- I/we have received, carefully read, and agree to the KCA statement of PARENTAL SUPPORT.
- I/we have received, carefully read, and agree to the KCA statement of FINANCIAL POLICIES.

**Father** (or Guardian)

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mother** (or Guardian)

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Enrollment fee is required to complete enrollment*