

Summer School 2011

HMA K-8

Hawaiian Mission Academy K-8
1415 Makiki St., Honolulu, HI 96814
Phone: (808) 949-2033
www.hmak12.org

Dear Parents,

HMA K-8 has planned an academics enriching, non-stressful summer school program for your students, June 20th through July 29th!

Summer School facts:

- Open to those students who will be entering the 1st-8th grades
- The summer school hours will be from 8:00 a.m. – 2:00 p.m., Monday through Friday
- Tuition is payable by sessions or part thereof in advance of services rendered
- Before-and-After-School care will be provided, for an additional fee

Some of the exciting things teachers will be doing this summer:

June 20 – July 1	July 5 – July 15	July 18 - 29
Math Language Arts Bible Creative Enrichment Physical Education Arts and Crafts	Math Language Arts Bible Creative Enrichment Physical Education Arts and Crafts	Math Language Arts Bible Creative Enrichment Physical Education Arts and Crafts

Applicants need the following forms to complete registration:

1. Summer School Application/Financial Form
2. Consent to Treatment/Emergency Contact Information Form
3. Release Form – this form gives the school permission to take pictures of your child and use them in a variety of ways, including but not limited to school video productions, yearbook, and website pictures.
4. **NEW TO OUR SCHOOL** Applicants need 2 Health Records: Student Health Record, Form 14 (Immunizations) and TB (Tuberculosis) Clearance

We look forward to seeing you at summer school! Please call the school office if you have any questions.

Sincerely,
John Mooy
Principal



Summer School 2011 Application Form

Date of Application _____, 20____ Grade Entering (1st – 8th) _____

Name of Student: _____ Date of Birth _____
LAST FIRST MIDDLE INT.

Age of Student: Years _____ Months _____ Circle one: Male Female

Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Student Contract: I agree to uphold the school’s regulations, and I pledge my cooperation with and loyalty to the school and its employees. I know that by detracting from the school program, by willfully endangering others, and/or by directly refusing to cooperate with the teachers and staff, I may forfeit my right to attend this school.

Student Signature Date

Parent Contract: I agree to support the school regulations and to assist the school in helping my child observe them. I also agree to accept all financial obligations for this student. I realize that the summer school tuition fees are due and payable in advance of the educational services provided, on a weekly basis, or whatever payment schedule arrangements have been made with the school. Additionally, I understand that the summer school educational services for my child will be discontinued should I not meet this financial responsibility.

Parent Signature Date

this section for office use only

- The following forms have been received:
- _____ Summer School Application
 - _____ Summer School Financial Form
 - _____ Summer School Consent to Treatment Form
 - _____ Summer School Release Form
 - _____ Student’s Health Record (students new to HMA K-8)

Summer School 2011 Financial Form

Name of Student _____

- Summer school tuition
- Non-refundable registration and materials fee - \$75
 - \$250 per week if paid weekly
 - Weekly tuition must be paid by the Friday before a session.
 - **Significant tuition savings** for multiple weeks paid in advance (see below!)
 - Additional fees for Before- and After-Summer School Care.
 - Tuition paid for multiple weeks' savings is payable in advance of services rendered.

Please check () the boxes relating to your summer school plans:

				Multiple Week Savings
Week	Select Weeks of Attendance	Office Use ONLY Date Paid		Number of Weeks Paid in advance
1 – June 20-24	_____			1 Week \$250
2 – June 27 - July 1	_____			2 Weeks \$450
3 – July 5 – 8	_____			3 Weeks \$600
4 – July 11- 15	_____			4 Weeks \$700
5 – July 18 – 22	_____			5 Weeks \$800
6 – July 25 – 29	_____			6 Weeks \$900

Additional fees for Before- and After-Summer School Care:

Before-Summer School Care

Hours available – 6:30 am – 7:45 am
 \$3.50/hour per student **without** sibling(s)
 \$3.00/hour per student **with** sibling(s)

After-Summer School Care

Hours available – 2:15 pm – 5:30 pm
 \$3.50/hour per student **without** sibling(s)
 \$3.00/hour per student **with** sibling(s)
 \$5.00 per student for every 5 minutes after 5:30 pm

I am planning to use the Before-Summer School Care: Yes _____ No _____

I am planning to use the After-Summer School Care: Yes _____ No _____

_____, 20____
 Parent Signature Date