



Aloha from Star of the Sea Early Learning Center!

Thank you for considering Star of the Sea Early Learning Center for your child. Star of the Sea Early Learning Center (ELC) is located in East Oahu, in the city of Honolulu. We are affiliated with the Star of the Sea Catholic Church; however, all denominations are welcomed by the ELC. The Early Learning Center opened in 1980 in the former convent of the Sisters of Notre Dame.

Our commitment is to provide a quality childhood education through the implementation of the Montessori Method, within a Catholic School environment. Since our program is organized as a center, our children share defined and common areas, as reflected in our daily classroom schedules. Teachers and students may move into various learning centers, based on the schedules outlined for each division. This team approach provides the teachers with the opportunity of observing each child so that they may plan for the child's individual program.

Parents of the Early Learning Center are members of the Parent-Teacher Guild. The PTG is active and instrumental in supplementing many programs at Star of the Sea Early Learning Center. Such support is beneficial to our ELC students, as it enables our enrichment programs to be expanded.

Applications are accepted year-round on a space-available basis. The following items must accompany your child's application:

1. Application
2. Census Form
3. Student History
4. Parent Questionnaire
5. Application fee of \$75.00 (this fee is non-refundable)
6. Copy of your child's Birth Certificate
7. Copy of your child's Baptismal Certificate (if Catholic)
8. * Teacher's reference report and/or progress report

* Star of the Sea ELC will only accept a Teacher 's Reference report if it is sent directly from the applicant's former school. We will not accept any Reference report that is delivered by an applicant representative.

If you have any questions or require assistance in completing the application, please do not hesitate to contact us at 808.734.3840 during school office hours Monday through Friday, 7:00 a.m. to 3:00 p.m.

Thank you for considering Star of the Sea Early Learning Center for your child. We look forward to the opportunity of providing your child with a quality Catholic, Montessori education.

Sincerely,

Dr. Lisa A. Foster, Principal

Star of the Sea Early Learning Center Information for Applicants

TUITION FOR THE 2015-16 SCHOOL YEAR

ALL DIVISIONS: \$8,900

Mandatory that all students register on-line with FACTS Tuition Management Company

Tuition is based on the regular school-day schedule which begins at 8:00 a.m. and ends at 2:30 p.m., from the end of August through the end of May or early June of the following year. A 9-week summer program is offered with separate tuition rates. Please contact Star of the Sea Early Learning Center at 734-3840 for a summer schedule.

Daily breakfast, hot lunch and an afternoon snack (for day care students) are included in the tuition cost.

CURRICULUM

The Montessori and Catholic philosophy are our primary teaching method. The center is organized into the core curriculum areas of Religion, Math, Language, Cosmic, Practical Life and Sensorial. The Practical and Sensorial Life areas are shared. Music and physical education specialists provide enrichment activities weekly.

EXTENDED DAY

Daycare is available for an additional fee on days that school is ordinarily in session. Full-time daycare from 2:45 p.m. to 5:45 p.m. is an additional \$1,800 and includes all mini day daycare and RSVP holiday breaks if paid in full for the year. Monthly daycare is \$200 per month with a reduced fee for months with holiday breaks. Daycare payments are due on or before the 1st of each month.

A substantial late fee is assessed if a student is not picked up by the scheduled pick-up time.

MEALS AND SNACKS

The Center provides all meals and snacks. Our policy is that no outside food be brought into the Center unless approved by the Principal. The Principal will review and consider any special request involving students with allergies, religious restrictions, etc. However, if the Center cannot meet the nutritional needs of students through food substitutions, we will request that parents provide a home lunch.

PARENT OBSERVATIONS

It is highly recommended that all parents interested in our program call the ELC to schedule a classroom observation at our Early Learning Center. Observations are scheduled from 8:30 a.m.-9:30 a.m. so that parents may observe the morning work period. Observations are generally allotted a half-hour time slot.

SCHOOL TOURS

We offer school tours on a year-round basis on Tuesday and Thursday starting at 9:00 a.m. Please call us at 734-3840 to schedule a tour. Tours are approximately 30 minutes in length

RELIGION

Religion in our early learning environment is an integral and natural part of all areas of the curriculum. A short prayer is held each morning, and more formal presentations or lessons kept at the developmental level of the young child are a part of weekly curriculum. We also visit the Star of the Sea Church, and the Pastor of Star of the Sea Church visits our students at the Early Learning Center.

STUDENT OBSERVATIONS

As part of the services we offer, all enrolled students are observed by our staff Consultant/Psychologist.

SUMMER PROGRAM

The Early Learning Center offers a summer program for students currently enrolled and those who have been accepted in the Fall Program. Both the regular and extended day schedules are offered during the summer. More information about our summer program is available in the Spring. Please call us at 808-734-3840 for a summer program during Spring.

TESTING AND OBSERVATIONS

All prospective students are observed prior to consideration for acceptance, and a written test is administered to children applying for Kindergarten. Parents are notified in writing no later than April 20th as to the status of their child's acceptance.

UNIFORMS

All students except children in the Toddler Division are required to wear uniforms. Covered shoes and socks are required. Uniforms are available through our school uniform provider, and all families can place their orders directly with the uniform provider.



Application for Enrollment to Star of the Sea Early Learning Center

SCHOOL USE ONLY	
Date received	_____
Fee	_____
Check #	_____
All Forms revd	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Admission to Star of the Sea Early Learning Center in:

- Fall 20____ Summer 20____

Will you be applying for financial aid? Yes No

Birth certificate included: Yes No Baptismal certificate included: Yes No

Applicant's Name

First

Full Middle

Last

Applicant's Preferred Names

Date of birth _____ Gender Male Female

Address _____

_____ Zip _____ Phone _____

Place of birth _____

Mother's Name

Dr., Mrs., Ms. _____

(circle)

First

Last

Firm and position _____

Business address _____

_____ Zip _____ Phone _____

Father's Name

Dr., Mr. _____

(circle)

First

Last

Firm and position _____

Business address _____

_____ Zip _____ Phone _____

Email address _____

Home Information

Student lives with (please check all that apply):

- Father Stepfather or Other
 Mother Stepmother

Please check any that apply:

- Father is deceased Father has custody
 Mother is deceased Mother has custody
 Parents are separated Joint custody
 Parents are divorced

Legal guardian

(if other than parent) _____

name

relationship to applicant

address

telephone

Inaccurate or misleading information by the parents or legal guardian on this sheet or at any time during the admission process may result in denial of acceptance.

Send to:
Star of the Sea Early Learning Center
Admission Office
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821

Birth/Health and Developmental History

Place of birth _____

Pre-natal history _____

Delivery _____

Birth weight _____ Appetite _____ Allergies _____

Age applicant began to: Walk _____ Talk _____

Serious illness _____

Special concerns _____
(vision, speech, hearing, corrective shoes, restrictions, behavior, etc.)

Has the applicant ever had an educational, neurological, or psychological evaluation?

Yes No If Yes, when? _____

Where is the information available? _____

Please request that a copy of the information be sent to us.

Does the applicant have any medical condition the school should be aware of? Yes No

Provisions for child/ children with special needs are individually reviewed to determine whether or not the school is able to meet the special needs of the child. Children's records include pertinent and confidential information about health status, developmental progress, special needs, and efforts to meet these needs.

Describe: _____

Personality _____ Eating _____

Handedness: Right Left Hand dominance not established

Toileting _____ Sleep Habits _____

Family History

Mother's Maiden Name _____ Age: _____

Health _____ Place of birth _____

High school _____ College and degree _____

Father's full name _____ Age: _____

Health _____ Place of birth _____

High school _____ College and degree _____

Other children in family Birth date School attending

Position of applicant (1st, 2nd, etc.) _____

Religion _____ Baptized _____ Parish _____

Previous School Experience

Year School Address

A non-refundable application fee of \$75 must accompany this application.

Send to:
Star of the Sea Early Learning Center
Admission Office
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821

Signature of parent/guardian

Please print name

Date

CENSUS INFORMATION

All information contained herein is completely confidential. The information you submit is for official Star of the Sea and the Catholic School Department use only. THIS FORM IS REQUIRED.

7D = 7th Day Adventist	CO = Congregationalist	MO = Mormon
BA = Baptist	EP = Episcopalian	NO = None
BU = Buddhist	LU = Lutheran	OC = Other Christian
CA = Catholic	ME = Methodist	ON = Other Non-Christian

SCHOOL NAME STAR OF THE SEA EARLY LEARNING CENTER		TODAY'S DATE		STUDENT SSN	
LAST NAME		FIRST NAME		MI	BIRTHDATE
HOME ADDRESS		CITY		ZIP	
HOME PHONE		CELL PHONE		RELIGION (Please enter 2-digit code from above)	
COUNTRY OF BIRTH			YEAR OF ARRIVAL, IF COUNTRY OF BIRTH IS OTHER THAN U.S.A.		
U.S. CITIZEN: ___ YES ___ NO	IF NOT U.S. CITIZEN, INDICATE STATUS (PLEASE CHECK THE STATUS THAT APPLIES) ___ IMMIGRANT ___ REFUGEE ___ NON-IMMIGRANT ___ U.S. NATIONAL (EXAMPLE: SAMOA)				
NUMBER OF SIBLINGS: ___ # OLDER BROTHERS ___ # YOUNGER BROTHERS ___ # OLDER SISTERS ___ # YOUNGER SISTERS					
IF CATHOLIC, PARISH: _____					OFFICE USE ONLY: CERTIFICATED ___ YES ___ NO ___ YES ___ NO ___ YES ___ NO
BAPTISM	DATE: _____	CHURCH: _____			
CITY & STATE: _____					
FIRST	DATE: _____	CHURCH: _____			
COMMUNION: CITY & STATE: _____					
CONFIRMATION:	DATE: _____	CHURCH: _____			
CITY & STATE: _____					
ETHNIC BACKGROUND (DO NOT CHECK MORE THAN ONE) A <input type="checkbox"/> AMERICAN B <input type="checkbox"/> INDIAN/NATIVE ALASKAN C <input type="checkbox"/> BLACK D <input type="checkbox"/> CHINESE E <input type="checkbox"/> FILIPINO F <input type="checkbox"/> HAWAIIAN G <input type="checkbox"/> HISPANIC (Spanish, Cuban, Mexican, Puerto Rican) H <input type="checkbox"/> Indo-Chinese (Cambodian, Vietnamese, Laotian) I <input type="checkbox"/> Japanese J <input type="checkbox"/> Korean K <input type="checkbox"/> Multi-Racial / Other / Unknown L <input type="checkbox"/> Pacific Islander M <input type="checkbox"/> Part-Hawaiian N <input type="checkbox"/> Portuguese O <input type="checkbox"/> Samoan P <input type="checkbox"/> Tongan Q <input type="checkbox"/> White			LANGUAGE SPOKEN AT HOME (please circle all that apply): B CANTONESE F CEBUANO/VISAYAN A ENGLISH M FRENCH N GERMAN G HAWAIIAN D ILOCANO O ITALIAN H JAPANESE I KOREAN C MANDARIN L OTHER P PORTUGUESE J SAMOAN Q SPANISH E TAGALOG T TONGAN K VIETNAMESE		

TEACHER REFERENCE REPORT - ALL DIVISIONS

STAR OF THE SEA EARLY LEARNING CENTER

TO THE PARENT/GUARDIAN:

1. Please complete the first line (Child's Full Name) and second line (Child's Birthdate & Child's School) on the reverse side. Please print or type.
2. Submit one (1) *Teacher Reference Report* to the applicant's present teacher. Please have this report returned to Star of the Sea Early Learning Center no later than 3 weeks after applying for admission.
3. Provide the teacher who will be completing the *Teacher Reference Report* with a stamped envelope addressed to:

*Star of the Sea Early Learning Center
Attention: Director of Admission
4470 Aliikoa Street, Suite 100
Honolulu, Hawaii 96821*

4. The information on this reference report will be held in strict confidence and will be used only for admission purposes.

I hereby give permission to release the information indicated on the Teacher Reference Report regarding my child.

for the purpose of review for admission to Star of the Sea Early Learning Center.

Signature of Parent/Guardian

Date

TO THE TEACHER:

This student is an applicant for admission to Star of the Sea Early Learning Center. Information provided on this report will be held in strict confidence and will be used only for admission purposes. This Teacher Reference Report does not become part of this candidate's permanent record.

Your evaluation of this student should be made after January 15 and returned directly to Star of the Sea Early Learning Center's Director of Admission by February 15. If you receive this form after February 15, please complete and return the Teacher Reference Report within two weeks of the parent request. Please do not hesitate to call us at 808.734.3840 if you have any questions.

*Star of the Sea Early Learning Center - 4470 Aliikoa Street - Suite 100 - Honolulu,
Hawaii 96821*

Phone: (808) 734-3840 Fax: (808) 732-1738

TEACHER REFERENCE REPORT

Child's Full Name: _____ Today's Date: _____
 Last First MI

Child's Birthdate: _____ Name of School: _____
 (mm/dd/yyyy)

The following is to be completed by the applicant's present teacher:

Please select one level as it applies to the applicant:

- Accelerated
 High
 Average
 Low
 Special Needs

Please comment on the following areas as you have observed during the current school year:

SOCIALIZATION/SELF-HELP SKILLS:

WORK HABITS:

MOTOR SKILLS (Fine and Gross):

LANGUAGE DEVELOPMENT:

DEVELOPMENTAL LEVEL:

ACADEMIC AREAS:

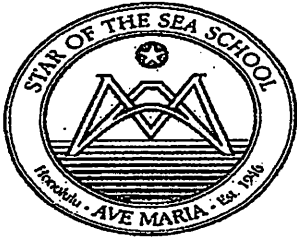
Class Size: _____ School Hours: _____ With Teacher Since: _____

Is a DIAL Assessment available? Yes No Date of DIAL: _____

Comments based on your observations which may help us know the applicant:

Teacher Signature: _____ Date: _____

Teacher's Name (please print): _____ Student's current grade/level: _____



Star of the Sea Early Learning Center

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Phone: (808) 734-3840 · FAX: (808) 732-1738

PARENT INTERVIEW QUESTIONS

1. What are your views on Catholic Education and can you support this philosophy?
2. What are your views on Montessori education and can you support this philosophy?
3. Are you a member of the parish, alumni or have other children in Star of the Sea Schools?
4. What are your reasons of choosing Star of the Sea Early Learning Center?
5. What are your expectations of Star of the Sea Early Learning Center?
6. What are your views on your role as a parent in the growth, development and education of your child?
7. Can you actively support the major school fundraiser, the East Honolulu Food Festival?