



Student Information Form

 Tutoring

 Day School

 After School

Student Information

Student Name		DOB	Age
Current School			Grade
Street Address		City, State ZIP	
Doctor		Phone	
Medical Concerns, Allergies, Special Conditions			
Current Medications			
Health Insurance Company		Insurance Number	

Parent/Guardian Information

Name 1	
Address (if different from child)	
Phone 1	Phone 2
Email	
Place of work (If applicable)	

Name 2	
Address (if different from child)	
Phone 1	Phone 2
Email	
Place of work (if applicable)	

Emergency Contacts *Must be other than parent/guardian and 1 contact must be local.*

Name	Relationship	Phone

I authorize Kosasa Academy to seek emergency treatment if my child becomes suddenly ill or in case of emergency. I understand the staff are acting in the best interest of my child's health and safety.

Parent Signature	Date
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Meeting unmet needs



Authorized Pickup Agents Names must match ID.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

___ By initialing here, I authorize my child to leave the program without a chaperone.

Student Name	DOB	Age
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WAIVERS

Hold Harmless

I hereby AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them from any loss, liability, damage or costs, including court costs and attorneys fees, that may incur due to my child(ren)'s participation in program activities.

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs assigns and personal representative(s), if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE Na-Lima-Kahiau LLC dba Kosasa Academy and the above named RELEASES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:

1. I have read the foregoing Release, understand it and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart, from the foregoing written agreement, have been made;
3. I am at least eighteen years of age and fully competent to make this decision for myself and my child;
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Parent Signature	Date
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Meeting unmet needs

Tutorial Agreement and Hourly Pricing

Standard Rate - \$85

Sessions must be prepaid. Sessions may be rescheduled at no cost with 48 hours notice. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Director's Rate - \$100

Student receives instruction from Mrs. Kosasa only. Sessions must be prepaid. Scheduling and prepayment of multiple sessions is encouraged in order to assure Mrs. Kosasa's availability but is not required. Sessions may be rescheduled at no cost with 48 hours notice. Prepayments may be transferred to other programs. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Designated Tutor Rate - \$95

Student receives instruction from a designated tutor or tutors only. Sessions must be prepaid. Scheduling and prepayment of multiple sessions is encouraged in order to insure tutor's availability but is not required. Sessions may be rescheduled at no cost with 48 hours notice. Prepayments may be transferred to other programs. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Rescue Mission - \$80

Sessions must be prepaid. Three week maximum. Tutors work intensely with students to finish projects and raise grades. Unlimited scheduling and extension of sessions **to meet academic goals**. Communication with school and teachers may be involved. Scheduled sessions are subject to tutor availability and may not be canceled or rescheduled for other than tutor directed academic reasons. Prepayments may be transferred to other programs. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Standard Package Rate - \$75

Packages of 12 sessions must be prepaid. Sessions may be rescheduled at no cost with 48 hours notice. One-time registration fee of \$30. No refund for fee or prepaid sessions. **Highly recommended for Orton Gillingham reading students.**

Sibling Package Rate - \$112.50 (\$56.25 a child for 2 children)

For two siblings. Packages of 12 sessions must be prepaid and prescheduled. Add \$25 for each additional sibling. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Group Rate - \$37.50

For students receiving instruction in groups of four or more. Packages of 12 sessions or until the scheduled completion of the program. To ensure that the group can learn together efficiently, missed sessions must be promptly made up at individual rate. Must be prepaid and prescheduled. One-time registration fee of \$30. No refund for fee or prepaid sessions. No rescheduling of prepaid sessions.

Homework Support - \$37.50

Students work with a tutor to prioritize and organize their homework then work towards completion with close supervision and frequent periodic (but not constant) assistance. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Homework Club - \$20

Students work with a tutor to prioritize and organize their homework then are supervised while they independently work towards completion. One-time registration fee of \$30. No refund for fee or prepaid sessions.

Contact Information

To **schedule** a session or to **make a change to a session more than 24 hours in advance**, please contact Mr. Wagner, text preferred, at (808) 888-9520 or email KosasaAcademy.jw@gmail.com

To make a change to a session **less than 24 hours in advance**, contact Patricia Kosasa at (808) 258-3951 or email at office.kosasa.org. **Phone or text last minute cancellations.**

I understand and agree with Kosasa Academy rescheduling and refund policies.

Parent name(s): _____

Parents Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Kosasa Academy

Credit Card Payment Authorization Form

By signing this document, you authorize Kosasa Academy to charge your credit card for the charges detailed to you by email invoice.

Please feel free to contact us with any questions or concerns. We look forward to working with your student during the school year!

Blessings,
Kosasa Academy Office

Please complete the information below:

I, _____, authorize Kosasa Academy to charge my credit card indicated below for payment of my child(ren)'s account balance.

Student Name: _____

Billing Address: _____

City, State, Zip: _____ Phone#: _____

Email: _____

Credit Card already on file with Kosasa Academy

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CSV Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Kosasa Academy Multisensory Learning Cent Student Photo & Video Release

I hereby give permission to GAP Services LLC dba Kosasa Academy and its director, employees, and subcontractors to take photos and videos of my child, _____.

These images may be used for:
Please initial all that apply

- Tutor supervision & training
- Internal documentation
- Student projects
- Promotional material
- Internet Promotions

My child's name may be included:

- Yes
- Yes, on a case by case basis
- No

Parent Signature: _____ Date: _____

Print Name: _____

OFFICE USE:

Copy of documents given to parents on _____
By: _____ (Date)

To be kept in student's confidential folder