



Financial Form 2008-09

Lower School Day Students

Name of Student: _____ Grade: _____

IF YOU DO NOT MAKE A SELECTION, YOU WILL NOT BE ENROLLED IN THESE PROGRAMS:

1. **OPTIONAL FEES:** Please initial, in the left column, those extras you wish your child to have. The fees you initial will be billed to your child's account.

Lunch Program

- _____ \$650 Grades K – 3 for the year
- _____ \$680 Grades 4 – 5 for the year
- _____ \$95 Monthly rate for all grades

After School Program

- _____ \$800 Annual rate
- _____ \$425 1st semester rate
- _____ \$425 2nd semester rate
- _____ \$110 Monthly rate per full month

Lower and Middle School Yearbook

- _____ \$35

'Ohana Association Dues

- _____ \$40 (per family)

2. **INSURANCE PLANS:** Please initial the proper spaces below. Payments must be received before your child is deemed enrolled in any insurance plan.

Accident Plan: Do you wish to enroll your child in the accident plan? Refer to the Health Section of the Parent Information booklet or the enclosed brochure for more information on the Accident Plan. Please initial below, sign and return the enclosed authorization letter if you wish to enroll. If you do not select "Yes" or "No" your child will not be enrolled in the Accident Plan.

- _____ **Yes.** I wish to enroll in the Student Accident Plan.
- _____ **No.** I do not wish to enroll in the Student Accident Plan.

Tuition Refund Plan: Do you wish to enroll in the tuition refund plan? Refer to the enclosed brochure for important information on the Tuition Refund Plan. Please initial your selection below. If you do not select "Yes" or "No" you will not be enrolled in the Tuition Refund Plan.

- _____ **Yes.** I wish to enroll in the Tuition Refund Plan.
- _____ **No.** I do not wish to enroll in the Tuition Refund Plan.

Medical Plan: All students must be covered by medical insurance. If you wish, you may enroll your child in the HMSA Student Medical Plan. Refer to the Health Section of the Parent Information booklet for more information on the medical plan. Initial one of the three items below.

- _____ I wish to re-enroll in HMSA Student Plan (for students already in Student Plan).
- _____ I am interested in enrolling; please send me the brochure and application card.
- _____ I am **NOT** interested in enrolling my child in the HMSA Student Plan. My child is covered under our family policy or (please specify): _____

Signature of Parent/Guardian

Date

Please return this form by June 15, 2008.