



**Kona Early Childhood  
Services Program  
Notice of Discharge**

**TO:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**RE: CHILD NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Date of Discharge** \_\_\_\_\_

**Reason for Discharge** \_\_\_\_\_

**Child & Family Transitioned to (if applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Don't hesitate to refer any child about whom you have developmental concerns to us. For convenient referral, we recommend **H-KISS, 1-800-235-5477**, fax 808-946-5222.

*Take advantage of the extended summer hours,  
8:30 a.m. to 5:30 p.m.!*

**P.O. Box 228, Kealahou, HI 96750  
808-322-4880, fax 808-322-4886**