WAIOKEOLA CHURCH PRESCHOOL APPLICATION FOR ADMISSIONS



Please indicate the school year and programs you are applying for:

School Year (August-May)	(August-May) Summer School Year		
I would like to enroll my child 8 Toddler Program Full Day Preschool Full Day(3's/4's)	(2's)	n Full Day (4'/5's)	
	Before School Care and After School Care After School Care		om
Section 1. Applicant's Inform	ation		
Child's First Name	Child's Last Name	Ch	ild's Preferred Name
Female Male	Current Age of Applicant: _	Birthdate: _	
Home/Mailing Address			
Street	City	State	Zip Code
Current School and Experience	·		
Section 2. Family Information	1		
Child has brother(s) Age	(s) and sister((s) Age(s)	_ No siblings
	Language	=	
English Proficiency: Flue	nt Needs Assista	nce	
Family Members who attended	Waiokeola Church Preschool:		
Name	Relation	Ye	ar
Name	Relation	Ye	ar
and send this completed applica	ble application fee. Please make tion form with a copy of your cl 705 Kilauea Ave, Honolulu, HI 9 low:	hild's birth certific	eate. Please address this to
Guardian #1 Printed Name	Signature	Da	te
Guardian #2 Printed Name	Signature	Da	te

Section 4. Guardian Information

Guardian #1

Last Name	First Name	
Address		
Best Contact #:	Business Phone#:	
Occupation:	Employer:	
Email address:		
Guardian #2		
Last Name	First Name	
Address		
Best Contact #:	Business Phone#:	
Occupation:	Employer:	
Email address:		

Section 5. Next Steps Mahalo for completing this application. If you would like to take a tour of the school, please call us at (808) 734-4277 and we will schedule a tour for you. Interviews will be scheduled early in the year. Notification of acceptance will follow at which time a tuition deposit is due.

Section 6. Tuition Information Once your child is accepted, a non-refundable tuition deposit of \$650.00 will be due to reserve a spot for your child. This deposit will be applied to the total annual tuition.

Section 7. Other Programs Morning Care and After School Care are available at a separate charge.