



# Kailua Methodist Preschool

1110 Kailua Road Kailua, HI 96734

PH: 262-7674

## Application Form

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother/Guardian cell \_\_\_\_\_ Father/Guardian cell \_\_\_\_\_

Are you a member of Kailua United Methodist Church? Yes / No

### Parent/Guardian Employment Information:

Father/Guardian: \_\_\_\_\_  
(Company Work Name and Address) (Work Phone)

Mother/Guardian: \_\_\_\_\_  
(Company Work Name and Address) (Work Phone)

### Person to contact (other than parents) in case of emergency:

Name \_\_\_\_\_ Phone: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Name \_\_\_\_\_ Phone: 1) \_\_\_\_\_ 2) \_\_\_\_\_

### List any and all allergies, physical or medical difficulties your child has:

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

Has your child ever attended another preschool? Yes / No

If yes, Name of Preschool: \_\_\_\_\_ City/State \_\_\_\_\_

How long did they attend? \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

Schedule preferred: (please mark a 1<sup>st</sup> and 2<sup>nd</sup> choice)

M-F (5 days) 8:00-12:30 \_\_\_\_\_ 7:00-3:30 \_\_\_\_\_ Start Date: \_\_\_\_\_

M, W, F (3 days) 8:00-12:30 \_\_\_\_\_ 7:00-3:30 \_\_\_\_\_

T, TH (2 days) 8:00-12:30 \_\_\_\_\_ 7:00-3:30 \_\_\_\_\_

### Office Use Only

Application Fee \_\_\_\_\_ Registration Fee \_\_\_\_\_ Tuition Deposit \_\_\_\_\_ Annual Comp. Fee \_\_\_\_\_ Emergency Card \_\_\_\_\_

Birth Cert. (copy) \_\_\_\_\_ Hawaii Form 14 \_\_\_\_\_ TB Record \_\_\_\_\_ DTaP (4) \_\_\_\_\_ Hib \_\_\_\_\_

Polio-IPV (3) \_\_\_\_\_ Hep B \_\_\_\_\_ MMR (1) \_\_\_\_\_ Varicella (1) \_\_\_\_\_