



honolulu christian PRESCHOOL

2207 Oahu Avenue Honolulu, HI 96822 phone: (808) 973-4340
E-mail: preschool@honoluluchristian.org

Office use:	
Date received:	_____
Appl. Fee:	_____
<input type="checkbox"/> Ch <input type="checkbox"/> Ref <input type="checkbox"/> P <input type="checkbox"/> Alm	
Status: <input type="checkbox"/> A <input type="checkbox"/> WL	
Accp't sent:	_____
Reg. fee:	_____
<input type="checkbox"/> Visit _____	
<input type="checkbox"/> NR _____	<input type="checkbox"/> WD _____

Date: _____

Applying for (check all that may apply, refer to your brochure for actual month, dates, year, *Hours subject to change due to COVID-19 Pandemic. Please check with preschool office:*)

<input type="checkbox"/> Half Day (8:00 - 12:30)	<input type="checkbox"/> School Day (8:00 - 3:00)	<input type="checkbox"/> Full Day (7:00 - 5:00)(tentative)
<input type="checkbox"/> School year 20____	<input type="checkbox"/> Summer Session 20____	<input type="checkbox"/> Other / ASAP: _____
Yr. Mo.	Yr. Mo.	Month / Date / Year

Child's Name _____ Birthdate _____ Sex M F
Address _____
Street City/State Zip

Home Phone _____ Birthplace if other than U.S. _____

By what name should the teacher call your child at school? _____

If your child speaks a language other than English as their first language: _____

Family Information

Father

Mother

Full Name:	_____	_____
Occupation:	_____	_____
Place of Employment:	_____	_____
Business Telephone:	_____	_____
Other contact numbers:	_____	_____
e-mail address:	_____	_____
Address (if different from child's):	_____	_____
Ancestry:	_____	_____

Marital Status: Married Separated Widowed Divorced Single

Other family members in household (for siblings, list birthdate)

Check if child does not live with parents and complete below:

Name of Guardian(s) _____ Relationship _____

Address _____ Phone _____

Health Information

Condition of your child's general health Good Fair Poor

Any serious illness/operations? No Yes, list: _____

Chronic colds or earaches? No Yes, how often _____

Any allergies? No Yes, list _____

Any food restrictions? No Yes, list _____

Have you had concerns that your child is physically, mentally, or emotionally challenged or have a history of illness that might require a specialized school environment or extra care or attention? No Yes, list concerns: _____

Routines

Does your child sleep well? Yes No How many hrs: _____ /day; _____ /night
Your child is a fast moderate slow eater.
Your child's appetite is good fair poor
Your child is right-handed left-handed unsure
Your child is toilet trained? Yes No Any special toilet terms? _____

Social / Emotional

Your child in play is (check all that apply): Active Boisterous Quiet
 Energetic Self-initiated Dependent upon adult direction
Does your child enjoy playmates: at home outside the home prefers adult companionship
Does your child share? Always Sometimes No
Does your child defend himself/herself? Yes No
Does your child have any fears? No Yes, list _____
How do you discipline your child? _____
How does your child accept correction? _____
His/her reaction? _____
Does your child have tantrums? Often Sometimes Seldom
Talks back? Yes No

List the following:

Favorite play activity _____
Favorite TV program _____
Favorite books and stories _____
Favorite toy _____
Favorite food _____
How do you spend time with your child? _____

Would you be interested in assisting us with excursions and/or school activities? Yes No
In what ways will you be able participate? i.e craft; nap room; career day; etc, _____

Has your child previously attended another school or child care facility? No Yes, name of school/facility: _____

Reason for the change? _____
Any religious affiliations/background/beliefs? None Yes, list: _____

Please tell us briefly why you have selected our school for your child. What are your expectations for your child and how do you think your child will benefit from our program?

How did you hear about our school (if this is a referral, please let us know the name of the person)?
 Advertisement; in? _____ Referral from _____ other _____
Additional comments you may wish to share _____
