

MILILANI COMMUNITY CHURCH
PRESCHOOL
95-1100 KAAPEHA ST, MILILANI, HI 96789



PHONE: 808-638-1938
Email: Preschool@MCHawaii.org
WWW.MCHAWAII.ORG/PRESCHOOL

Please submit form with \$25 application fee.

Please fill out the Student Application form as completely as possible. Applications submitted without the Application Fee will NOT be processed. No refunds once fees are paid.

Thank you for your interest in our Preschool. We look forward to serving you and your child. If you have not yet visited our preschool, please call to schedule an appointment. Visitations are by appointment only.

APPLICATION FORM (Student) (Type or Use Black Ink)

DATE _____

CHILD'S LEGAL NAME _____ SEX _____ BIRTHDATE _____
Last First Middle M/F MM/DD/YY

ADDRESS _____
Street Apt. City Zip Code

PHONE _____ LANGUAGE(S) SPOKEN AT HOME _____

Ethnicity/race (Optional) _____ NICKNAME / Preferred to be called _____

Child lives with: ___ Father ___ Mother ___ Guardian ___ Other: _____

Yes, we are members of Mililani Community Church.

Yes, I was referred by: _____

ENROLLMENT & PROGRAM: *Your child must be at least 2 yrs old (24 months) at the time of enrollment.*

My child is toilet trained. has started toilet training. is still in diapers / pull-ups.

Please provide name of last preschool / child care enrolled in: _____

PREFERRED START DATE 2021 Summer School 2021 -2022 School Year Other _____

Full day, Full Time Program: 7:00 am - 5:00 pm School day, Full Time Program: 7:00 am - 3:00 pm

Part Time Program: MWF 7:00 am – 5:00 pm **OR** TTh 7:00 am – 5:00 pm

I am interested in extended care for my child: 6:30-7:00 am and/or 5:00-5:30 pm

CHILD'S NAME _____
Last First Middle

PARENT INFORMATION: Married Separated Divorced Widowed Single

FATHER

MOTHER

NAME _____
Last First Last First

HOME ADDRESS _____
(If different from child) _____

HOME / CELL PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____

WORK ADDRESS _____

WORK PHONE _____

RELIGIOUS AFFILIATION _____
(Optional)

OTHER CHILDREN IN THE HOUSEHOLD:

NAME	AGE	SEX	SCHOOL ATTENDING

PLEASE COMPLETE IF CHILD DOES NOT LIVE WITH PARENTS:

NAME OF GUARDIAN(S) _____ RELATIONSHIP _____

HOME ADDRESS _____

PHONE NUMBER(S) _____ EMAIL ADDRESS _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

WORK ADDRESS _____

PHONE NUMBER(S) _____ EMAIL ADDRESS _____