

Mililani Community Church Preschool
95-1100 Kaapeha Street, Mililani, HI 96789
(808) 638-1938 ♦ preschool@mcchawaii.org

Registration Form

CHILD INFORMATION

Child's Full Legal Name: _____
Last First M.I.

Sex: ☐ M ☐ F Birth Date: _____ Nickname / preferred name: _____
MM/DD/YY

Home Address: _____
Street City/State Zip Code

Home Phone: _____

List language(s) other than English spoken at home: _____

Child resides with: ☐ Father ☐ Mother ☐ Legal Guardian(s) ☐ Other: _____

Parents are: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other: _____

If Child's parents are separated or divorced, who has legal custody?

☐ Father ☐ Mother ☐ Joint ☐ Other: _____

FATHER/LEGAL GUARDIAN INFORMATION

Father's/Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

Phone : _____ / _____ / _____
Home Cell Work

Email: _____

Employer: _____ Occupation: _____

Work Address: _____
Street City/State Zip Code

Best way to reach you during preschool hours: ☐ phone (Home / Cell / Work) ☐ text ☐ email

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Child's Name: _____

MOTHER / LEGAL GUARDIAN INFORMATION

Mother's/Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

Phone : _____ / _____ / _____
Home Cell Work

Email: _____

Employer: _____ Occupation: _____

Work Address: _____
Street City/State Zip Code

Best way to reach you during preschool hours: ☐ phone (Home / Cell / Work) ☐ text ☐ email

Siblings - *Please print name(s) and age(s):*

Others who reside in the household - *Please print name(s) and relationship:*
