



550 Halekauwila street #102 Honolulu, Hawaii 96813

8083888677

## REGISTRATION FORM

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does child live with both parents? Yes [ ] No [ ] If no, with whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of children in family  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who besides immediate family, resides in the home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONS AUTHORIZED FOR PICK UP**

The following people may pick up my child at Children With Aloha Academy and may be called for emergencies or illness:

Name Address Relationship Telephone

1.Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3.Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

4.Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Person(s) picking up this child on a regular basis

Name Address Relationship Telephone

1.Name:\_\_\_\_\_Cell Phone\_\_\_\_\_

Address:\_\_\_\_\_Relationship:\_\_\_\_\_

2.Name:\_\_\_\_\_Cell Phone\_\_\_\_\_

Address:\_\_\_\_\_Relationship:\_\_\_\_\_

3.Name:\_\_\_\_\_Cell Phone\_\_\_\_\_

Address:\_\_\_\_\_Relationship:\_\_\_\_\_

4.Name:\_\_\_\_\_Cell Phone\_\_\_\_\_

Address:\_\_\_\_\_Relationship:\_\_\_\_\_

Desired date of entry\_\_\_\_\_

How did you learn about Children with Aloha Academy Preschool?

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If by personal reference, Name of person who referred you

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Relationship:\_\_\_\_\_

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General health conditions?

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Does your child have any allergies? Yes ( ) No ( ) Specify

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Does your child take naps? Yes ( ) No ( )

How long?

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Methods of home discipline?

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Who disciplines?

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What time does your child go to bed at night?

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What are your child's eating habits and likes/dislikes?

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How often is your child read aloud to?

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What family Activities does your child enjoy?

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Please describe your child's present school, child care environment (other children, activities, relatives)

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Please describe your child's personality, characteristics, interests and any special needs.

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Why would Children with Aloha Academy is a good environment for your child?

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What goals do you have for your child while in preschool?

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What are your plans for your child for kindergarten?

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Is your child on a waiting list at another preschool?

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Please complete form & return with \$50.00 non-refundable application fee