



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?

If by personal reference, Name of person who referred you:

Relationship:_____

General health conditions?

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

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

How long?

Methods of home discipline?

Who disciplines?

What time does your child go to bed at night?

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

How often is your child read aloud to?

What family Activities does your child enjoy?

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

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

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

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

What are your plans for your child for kindergarten?

Is your child on a waiting list at another preschool?

Please complete form & return with \$80.00 non-refundable application fee

