

Please mail completed application form  
with a \$100 registration fee made payable to:  
*Na Maka K-Prep School*  
94-450 Mokuola St. Suite 102  
Waipahu, HI 96797



Please register my child in...  
\_\_\_ Summer Session  
\_\_\_ School Year  
\_\_\_ Option A – 12 hrs. (11.5 hrs., Hon.)  
\_\_\_ Option B – 7 hrs.  
\_\_\_ Option C – 4 hrs.

Please mark which location: \_\_\_ **Waipahu** \_\_\_ **Mililani** \_\_\_ **Honolulu**

## Application Form

### Child's Information

**Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Current age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M F **Start date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home address:** \_\_\_\_\_

### Proud Parents/Guardians Information

**Mommy's Full Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Home number:** \_\_\_\_\_ **Mobile number:** \_\_\_\_\_ **Receive text:** Y N

**Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work hours:** \_\_\_\_\_ **Work number:** \_\_\_\_\_

**Daddy's Full Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Home number:** \_\_\_\_\_ **Mobile number:** \_\_\_\_\_ **Receive text:** Y N

**Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work hours:** \_\_\_\_\_ **Work number:** \_\_\_\_\_

**Child resides with (circle):**

Both parents      Mother only      Father only      Other (specify): \_\_\_\_\_

Additional information you would like to share: \_\_\_\_\_

**Sister(s) and Brother(s)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Medical Information**

Health Insurance:      Y or N      If yes, Name(s): \_\_\_\_\_

Medical conditions (Please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (List all medications currently taking):

Name of medication	How often medication is taken	Dosage	Purpose of medication
1. _____	_____	_____	_____
2. _____	_____	_____	_____